DOCUMENT RESUME

ED 452 454 CG 030 871

AUTHOR	Verrette, Sallie C., Ed.
TITLE	Iowa Journal of School Social Work, 1986-1989.
INSTITUTION	Iowa School Social Workers' Association, Cedar Falls.
PUB DATE	1989-00-00
NOTE	283p.; Published semiannually. Marlys Parcell Jordan was managing editor for Volumes 1-3. Ronda Parks Armstrong was manuscript editor for Volume 3.
AVAILABLE FROM	Iowa School Social Worker's Assoc., Iowa Journal of School Social Work, P.O. Box 652, Cedar Falls, IA 50613-0652 (subscription rate: $10, individuals; $16 libraries).
PUB TYPE	Collected Works - Serials (022)
JOURNAL CIT	Iowa Journal of School Social Work; v1-3, 1986-1989
EDRS PRICE	MF01/PC12 Plus Postage.
DESCRIPTORS	Attention Deficit Disorders; Classroom Techniques; Diversity (Student); Elementary Secondary Education; Evaluation; Family Involvement; Hyperactivity; Intervention; *Professional Associations; Professional Development; *School Social Workers; Special Education
IDENTIFIERS	Traumas

ABSTRACT

The journal of the Iowa School Social Worker's Association is dedicated to the enhancement of social work practice in schools. It attempts to disseminate knowledge relevant to practice and to promote effective and accountable models for professional use. Included in this series of journals is the journal's first issue, published at the time of the 20th anniversary of the state association. The issues feature articles on the past, present, and future history of school social work in Iowa; pre-referral problem-solving approach to Child Study Teams; dealing with parent anger; the impact of legal mandates on school social services; working with exceptional children; home-school coordination; and information on the National Association of School Social Workers. Each issue contains numerous references. (JDM)

24 Pg. =
283 Pages

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 452 454

Iowa Journal of School Social Work, 1986-1989

Sallie C. Verrette, Editor

Volume 1-3

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

- This document has been reproduced as received from the person or organization originating it.
- Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

J. McCullagh

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

1

CG 030 871

BEST COPY AVAILABLE

EDITORIAL STAFF

Editor
Sallie C. Verrette, MSW
School Social Worker
Heartland Area Education Agency
Newton, Iowa

Managing Editor
Marlys Parcell Jordan, MSW
School Social Worker
Heartland Area Education Agency
Ankeny, Iowa

Assistant Editor
Claire Verrette
Grinnell College
Grinnell, Iowa

EDITORIAL BOARD

Jean Purdy, ACSW

Marlys Staudt, MSW
School Social Worker
Great River AEA 16

John Montgomery, Ph.D.
Supervisor, AEA 6

Charlene Struckman, MSW
School Social Worker
AEA 7

W.M. Theisen, Ph.D.
Associate Professor
U. of Iowa School of Social Work

The Journal of School Social Work is a professional publication dedicated to extending knowledge and improving practice of social work in educational settings. The Journal is published semi-annually by the Iowa School Social Workers Association. The subscription rate is $8.00 for individuals and $16.00 for libraries. Advertising inquiries, membership applications, subscriptions inquiries and changes of address should be addressed to Marlys Parcell Jordan, Heartland AEA, 301 1st St. S., Newton, Ia. 50208

Articles and advertisements do not constitute an endorsement by the Iowa School Social Workers Association.

2A

Spring, 1986
Volume 1, Number 1

Journal of School Social Work

CONTENTS

Editorial ii

ISSWA JOURNAL: A RATIONALE
Al Flieder. 1

SCHOOL SOCIAL WORKERS: AN INTEGRAL RESOURCE
John D. Montgomery and Gary Nunn. 3

SCHOOL SOCIAL WORK IN IOWA: PAST, PRESENT AND FUTURE
James P. Clark 11

THE IMPACT OF LEGAL MANDATES ON SCHOOL SOCIAL SERVICES: IMPLICATONS FOR SCHOOL SOCIAL WORK IN SPECIAL EDUCATION
Peter R. Templeman 19

SCHOOL SOCIAL WORK AND THE MENTALLY RETARDED CHILD
Michael J. Monfils 31

A FLEXIBLE CONTINGENCY PROGRAM AS A CLASSROOM MANAGEMENT ALTERNATIVE
Marc Singer and Judith Martin 45

COLLECTING HEALTH/DEVELOPMENTAL DATA
Ron Palumbo and Sally Petefish Wiarda. 55

FAMILY ASSESSMENTS: A SCHOOL SOCIAL WORKER'S TOOL FOR EVALUATIONS
Chuck Brown and Sheri Hays 69

Editorial: We are going to make it!

Living in farm country as we do in Iowa, late winter is the season for television commercial messages directed to farmers. The theme for many of these messages in this difficult year is "We are going to make it!"

Those words and the feelings behind them describe the feelings of those involved in this first issue of a new journal. The idea for a journal was born in 1982 when Al Flieder, Supervisor of Social Work Services for Grant Wood AEA in Cedar Rapids, was president of the Iowa School Social Workers Association. Al's rationale for a journal follows this editorial. Others involved since that time include Paula Kelley, Ron Palumbo, Don Harris, and especially Cheryl Purgett. The present editors thank them for all the groundwork laid; our task has been much easier because of it. A special thanks goes to Jack Montgomery, Supervisor at AEA 6 for his support and consultative services.

School social workers all need to say "We are going to make it!" In our speciality, working as we do in education as well as in human services, we see the threats of funding cuts in both areas becoming increasingly real. Specific implications are still unclear. However, it is clear that whatever the future may bring, we need to work together as a profession being accountable in regard to our performance now and in the future. We must look closely at our functioning in the present structure and at what our functioning might be in the years to come. Jim Clark, social work consultant to the Iowa Department of Public Instruction, addresses important issues relating to present and future concerns of school social workers. Future Journal issues will feature a regular column by Jim. Jack Montgomery and Gary Nunn have written a perceptive article on the role of the school social worker. We hope that the Journal will continue to provide food for thought along these lines.

Other articles in this first Journal issue present a consideration of the impact of certain legal mandates, and reports on specific projects. Sharing thoughts and information through a journal is a specific step that leads toward the goals of cooperation and

BEST COPY AVAILABLE

accountability. Let us know what you are doing, how it works, how your ideas might be helpful.

This Journal is going to make it. The second issue is scheduled for publication in November, 1986. Your suggestions, opinions, and contributions are welcomed. A letters to the Editor section will appear in the next issue; controversy and comments are encouraged. One final request: we are very anxious to have a regular book review section. When you read something useful and interesting to other school social workers, write up a short review and send it along to your Journal.

SCV

ISSWA Journal: A Rationale Al Flieder

A journal will:

Provide a local opportunity for publishing information of relevance to school social work as it is practiced in Iowa.

Encourage school social workers to develop their research and writing skills by providing an instate recipient for their written work.

Provide an additional means of recording the historical development of our profession.

Encourage school social workers to record their experiences and their expanding knowledge base in a form that would be of value to others, stimulating further practice advancement.

Provide a professional means for receiving and disseminating knowlege among ISSWA members.

Provide a forum for debate and resolution of controversial issues.

Promote the goals of the school social work profession and ISSWA.

Further link and unify school social workers across Iowa and the Midwest.

Give school social work in Iowa the additional exposure needed to continue development of the profession.

Help to attract additional, talented school social workers to practice in Iowa.

Be an added benefit of membership in ISSWA.

Al Flieder is supervisor of the School Social Work Program at Grant Wood AEA in Cedar Rapids, a member of the Midwest School Social Work Council, and past president of ISSWA.

BEST COPY AVAILABLE

School Social Workers: An Integral Resource

John D. Montgomery
AEA 6

Gary Nunn
Nunn Training and Consulting

A seemingly endless and frustrating task for school social workers is to define the distinctiveness of their profession. What sets school social work apart from other disciplines; what makes a school social worker unique and critical to the education process?

One of the reasons why clear-cut answers are seldom evident is that school social workers are so extensively involved in transactional investigation and analysis (not necessarily to be confused with Eric Berne), that they tend to be "border" crossers. There are so many roles to play, hats to wear, demands to be met, and time constraints that it's hard to sort out priorities and specifics and at the same time be ever aware of what others may consider to be their own special turf.

Meeting multiple appeals for services are bound to result in some overlap between the disciplines. There are many commonalities across disciplines such as counseling, observation, data collection, and testing and it would seem a fruitless task to claim exclusiveness or critical need based on activities others can also legitimately claim.

Jack Montgomery holds a doctorate in counseling education and has been a supervisor at Area Education Agency (AEA) 6 for 13 years. During the past 9 years he has been supervisor of psychologists and social workers. Gary Nunn holds a doctorate in educational psychology and is the director of Nunn Training and Consulting.

Journal of School Social Work
Vol. 1, No. 1, Spring 1986, pp. 3-12

BEST COPY AVAILABLE

We believe that it is not only more parsimonious but judicious to look for the exceptional-- those activities others were not trained to do, cannot do because of job constraints, and perhaps will not do because of experience and perception. The task, then, is to identify some of those novel involvements and begin emphasizing what clearly identifies the profession of school social work as distinct from other disciplines. That is not to say that all those services that school social workers have in common with other professionals are any less important or should be provided any less frequently. But, what is it that causes friends, colleagues, and the person in the street to say "This sounds like a job for the masked social worker."?

Matchmaker

School social workers in Iowa are professionals with a unique responsibility: matchmaking. They work in the interface (sometimes facetiously referred to as no man's land) between a person and his/her environment. School social workers seek to bring about a match between individual needs and environmental processes or, between environmental requirements and a person's coping abilities (Germain, 1982). To be a professional matchmaker of this ilk requires one to be knowledgeable about student/adult needs, coping skills needed to meet these needs, and the means by which matches between people and institutions can be accomplished for optimum human growth and achievement.

By performing a person-environment fit, the school social worker needs to understand the separate characteristics of each. No other professional is any better suited for this type of investigatory work. This is where holistic assessment comes into its own. All too often when a youngster is in trouble he/she becomes the target for change. New rules and guidelines specifically address, for the B.D. population, such aspects of assessment as setting, trait, and behavioral analysis. These areas should be emphasized for all children referred "at risk". Of course, we know that social workers have always had the responsibility and competence to garner such information.

Further, they typically explore family dynamics, community press, and institutional influence.

Institutional influence probably carries more weight than is given credit. Impacting variables may range from group dynamics through politics, tradition, resistance to change, and various and sundry defense mechanisms utilized for protection-- all of which may impinge upon perception and treatment of a given child.

There are other factors at work also in the community, for example, organized sports, scouts, and church, which have their own impact upon a child, his/her family, and the school. The school social worker becomes the only one with an overview of all the puzzle pieces which may affect the child. Now the hard or fun work begins, depending upon one's philosophic bent... that of matchmaking. Pieces have to be maneuvered, a little bit here, a little bit there, to optimize fit-- the environment to the child and directing or maximizing the child's talents and skills toward control of the environment.

To be an effective matchmaker one has to be a transactionalist. Germain (1983) describes transaction as the process by which people continually shape their environments and are shaped by them, over time. It is a reciprocal relationship in which people exchange information, energy, and matter with their environments for survival and growth. Some children and adults are better at this adaptation process than others and, depending upon a given level of competence rest the odds that some, as yet unknown, school social worker may have to step into the nearest phone booth and gird for action.

Legal Process

Are you looking for someone who can find his/her way through the labyrinth or maze of legality-- a friendly guide who is not afraid to say words like subpoena ad testificandum or duces tecum? Perhaps, you would like to know someone who knows what is by such abbreviations and acronyms as DHS, JJAC, CHINA, FINA. Well, the most logical place to look is in the ranks of school social work. They not only take courses like "Law and the Legal Process" during their training, but begin

experiencing, firsthand, youth and family rights and responsibilities as part of their initiation rites. It is not uncommon to have an attorney as one of the professors in social work graduate programs. So, school social workers, in a sense, sort of grow up being comfortable (as opposed to panicking) with thoughts like "there may be something of legal import here!"

How does the fact that school social workers are familiar with many aspects of the law and have a working knowledge, in given cases, of how the "system" works relate to service provisions? For the purpose of this paper, the parameters will be narrowed to consider primarily children, involved in the educational process and subject to outside school influences which may affect learning.

One of the areas where familiarization with given aspects of the law is crucial is when, through family evaluation, it is discovered that a child is involved (usually immersed) in child custody litigation or, sometimes even worse, the aftermath of adult separation. When conflict has been (inadvertently?) fanned by adversarialship practiced by representing attorneys, often vindictiveness and revenge are the outcomes. Of course, the child then becomes a "ping pong ball" in the proverbial adult tug-of-war and whatever pathology has been generated between the significant adults becomes his/her legacy.

The school social worker, then, has not only puzzle pieces to work with but sometimes broken pieces. It's often the case that people can begin to relax and regain a modicum of control over their environments when they understand the nature of the force(s) impinging upon them. Now is the time for the school social worker to "walk" the various protagonists through their own histories explaining how given systems evolved as they did, why they operate as they do, and most importantly what choices or options are available to affect change. This is where knowledge of a specific system, the legal system, is used conjunctively with philosophy, social theory, and supportive therapy to bring order to one family system.

Behavioral Medicine

To our knowledge, there has not been a tidal wave of interest among school social workers in Iowa towards the relatively new field of behavioral medicine. But, we believe there could be, should be, and will be among the ever vanguard practitioner. Gentry describes as one element of behavioral medicine, the recognition of reciprocal relationships between human biology, psychology, and sociology:

> "... personality, coping styles, and membership in various social and ethnic groups can influence illness, morbidity, and mortality; conversely, poor health or wellness can influence the way in which one perceives the world (stress), how one copes wih adversity..." (1984).

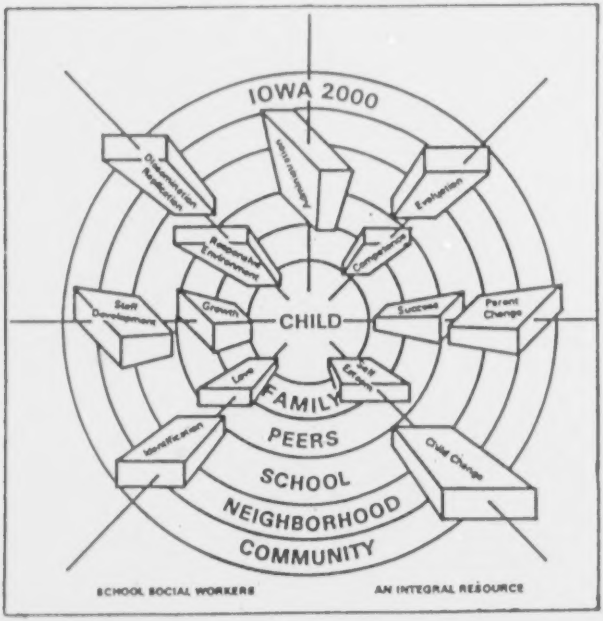
Behavioral medicine, as a term, is ascribed to Birk (1973) as he described the merits of biofeedback in treating medical disorders such as tension and migraine headaches, asthma, and epilepsy. This "new" field of interest, attracting many disciplines (truly multi-disciplinary), has evolved possibly as a result of no one single discipline, biomedical or behavioral, being able to explain, satisfactorily, why some people become ill and others remain well.

Behavioral areas generally include anthropology, sociology, and psychology whereas the biomedical disciplines involved in this consortium would be disciplines related to traditional medicine. Behavioral medicine is "wide open" for the serious interventionist. It is especially germane for school social workers since behavioral and psychological variables are now being recognized as influencing many biological functions. Social networks and supports are considered as "stress buffers" in the same sense that those who can maintain effective social supports are demonstrating coping competence and seem to have few biological dysfunctions.

What student conditions interfere with learning that may be amenable to treatment(s) extrapolated from the field of behavioral

medicine? Well, to name a few, headaches, school phobia, and test anxiety. The school social worker may approach these problems with a number of techniques, few of which are new or novel, but which still seem to coalesce from many disciplines and subsume under the new rubric behavioral medicine. Some examples may be relaxation training, assertiveness training, biofeedback, hypnosis, autogenics, psychotherapy, modeling, fading, reinforcement, and cognitive approaches.

It is right and important to continue doing what has always been traditionally regarded as social work, but it is equally important to regard the new, develop new areas of expertise, and contribute to the growing awareness that school social workers are distinctively unique and are integral to the educational process.



References

Gardner, R.A. Family evaluation in child custody litigation. Cresskill, N.J.: Creative Therapeutics, 1982.

Gentry, W.D. Behavioral medicine: A new research paradigm. In W. Gentry (Ed.), Handbook of behavioral medicine. New York: Guilford Press, 1984.

Germain, C.B. Using social and physical environments. In A. Rosenblatt and D. Walfogel (Eds.), Handbook of clinical social work. San Francisco: Jossey-Bass, 1983.

Germain, C.B. An ecological perspective on social work in the schools. In R. Constable and J. Flynn (Eds.), School social work practice and research perspectives. Homewood, Ill.: Dorsey Press, 1982.

BEST COPY AVAILABLE

School Social Work in Iowa: Past, Present and Future

James P. Clark
Iowa Department of Public Instruction
Heartland AEA

The history of school social work in Iowa is traced and a report on the current status of school social work in the state is provided as background for identifying key future trends and issues. The development of school social work certification standards and the related implications for social work education, the need to develop an empirical base for practice, the need to recognize and respond to the shifting emphases and changing needs of special education, the challenge of promoting school social work within the school and in the community, and the need for involvement in professional organizations, are trends and issues discussed relative to the future of school social work.

The purpose of this paper is to describe the growth and development of school social work in Iowa, to report on its current status, and to identify key trends and issues facing school social work in the future.

James P. Clark, ACSW, is Consultant, School Social Work Services, Iowa Department of Public Instruction, Division of Special Education, and school social worker, Heartland Area Education Agency 11 in Ankeny, Iowa. He will be writing a regular column as a feature of the Journal beginning with the fall issue.

Journal of School Social Work
Vol. 1, No. 1, Spring 1986, pp. 11-18

History

The beginnings of school social work in the United States can be traced to 1906 when public school systems in Boston, Hartford and New York recognized the importance of linking home and school efforts in the education of underprivileged children and began to employ school social workers under the job title of "visiting teacher." By 1918 all states had enacted compulsory attendance laws and school social workers were also being employed as attendance officers. Such programs grew and had spread to many states including Iowa by the early 1920's.

An opportunity to further develop school social work in Iowa came in 1965 when the Elementary and Secondary Education Act (ESEA) made funds available to states for school social work programs. Title I of this act provided for services to children considered to be educationally deprived. The focus was on children who exhibited poor school adjustment whether they were culturally deprived or handicapped. Although services were required to be directed specifically to children experiencing school maladjustment, the context for school social work practice at this time was within the framework of general education.

A shift in context from general education to special education came about ten years later with the enactment of Public Law 94-142, The Education for All Handicapped Children Act of 1975 and with the creation of fifteen Area Education Agencies (AEAs) through Chapter 273 of the 1975 Code of Iowa. The inclusion of school social work as a related service in P.L. 94-142 facilitated the development of school social work programs in AEA Special Education Divisions as the AEAs worked to develop a range of support services to assist local school districts in their efforts to identify and appropriately serve handicapped children.

The nature and scope of school social work practice in Iowa has been significantly shaped by this contextual shift. For example, P.L. 94-142 identifies a specific (although not limiting) set of school social work services which includes:

1. Preparing a social or developmental history on a handicapped child.

2. Group and individual counseling with the child and family.

3. Working with those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school.

4. Mobilizing school and community resources to enable the child to receive maximum benefit from his or her educational programs.

Another example is the change from the local school district as a primary host setting to the AEA as an intermediate service agency, the effect of which has been to alter the nature of the school social worker's relationship with local schools.

Current Status

The AEA structure along with increased funding from special education has facilitated a tremendous growth in school social work services in Iowa over the past decade. For example, in 1967, 22 school social workers were employed statewide. Today there are 218 school social workers employed through AEA Divisions of Special Education. Ten of the 15 AEAs have social workers in supervisory positions taking responsibility for leadership, program development, and program evaluation. At the state level the Iowa Department of Public Instruction, Division of Special Education contracts a part time school social work consultant.

The role of school social workers in Iowa varies somewhat across AEAs, however, a generic description of the role is provided in the the Iowa Department of Public Instruction (1985) Rules of Special Education:

> "School social worker" enhances the educational programs of pupils requiring special education by.

> assisting in identification and assessment of the pupil's educational needs including social, emotional, behavioral, and adaptive needs; provides intervention services including individual, group, parent, and family counseling; provides consultation and planning; and serves as liaison among home, school and community (p. 20).

This description represents a diverse and refined school social work role in Iowa, a multifaceted role that goes far beyond a narrow focus on casework with the individual child which Costin (1969) found through a national survey to be the predominant role definition nearly two decades ago.

The growth of programs and corresponding role development of school social workers has been acccompanied by the growth and development of the Iowa School Social Workers Association. The Association's leadership and membership of approximately 100 school social workers has been actively involved with promoting and providing continuing educational and professional development opportunities throughout the state. The organization has been politically active through its Legislative Affairs Committee and has also played a key role in recent efforts to establish professional certification standards for school social workers through its Certification and Standards Committee.

The expansion of programs, the refinement of a role and the establishment of an active professional organization add up to a relatively healthy picture of school social work in Iowa. But will it continue? School social work in Iowa is at a major crossroads and must face the challenges and demands of the future if it is to survive and flourish.

Future Trends and Issues

The establishment of school social work as a specialized practice area in the profession of social work has, to a great extent, been accomplished. However, the establishment of school social work as an educational speciality has yet to be fully realized. Much progress has been made toward developing effective teaming relationships with other educational

specialists such as special education consultants, school psychologists, counselors, and speech and language clinicians, but it has not been demonstrated that school social workers have knowledge and skill bases specific to education.

In an effort to address this issue the Iowa School Social Workers Association Certification and Standards Committee has been working together with the Iowa Department of Public Instruction, Teacher Education and Certification Division to develop certification standards for school social workers. Presently the DPI issues social workers a Statement of Professional Recognition which gives authorization to function as a school social worker in Iowa public schools. The minimum requirement for granting of the S.P.R. is an M.S.W. degree from a Council on Social Work Education accredited institution.

Final approval of new certification standards proposed by the I.S.S.W.A. Certification and Standards Committee is likely to occur in the near future with implementation anticipated to take place in 1988. Under these standards in order to obtain certification as a school social worker the applicant must have an M.S.W. degree and have completed a minimum of 20 semester hours of course work (including practicum) in the areas of social work assessment, intervention, and related studies. In addition, study and knowledge in the areas of general education and special education are required as well as a school social work practicum. Completion of an approved human relations component is also required as it is for all certificated special education personnel. For those who do not meet these requirements the S.P.R. may still be granted provided the applicant holds a social work license.

As is evident the preparation requirements called for in these standards leads to training in both social work and education. This dual focus is consistent with recommendations made by Hawkins (1982) as a result of examination of findings from a nationwide survey of state school social work certification standards.

There are obvious implications for social work education with the adoption of these standards. There will be an increased need for school social work specific content in M.S.W.

curriculums. A recent nationwide survey of coursework pertaining to school social work documents this need. Bogal-Allbritten (1984) found that only 32.4 percent of M.S.W. programs surveyed provided curriculum content directed at preparing students for school social work practice. Among those programs that did offer school social work relevant content the majority had only two or three courses available.

Besides curriculum development in schools of social work it will also be necessary to develop cooperative programs with schools of education. The potential benefits of this kind of cooperative effort have been observed by Levine (1985) in his recent account of efforts to develop an approved program for school social work certification at the University of Pennsylvania. He notes "It enhanced the collegial relationships between the two faculties and provided the students an opportunity to be sensitized to the perspective of teachers and school administrators" (p. 262).

Although certification standards may further legitimize school social work as an educational speciality, caution in overrating the effect of adopting such standards is certainly in order. As Pennekamp (1982) points out, "... school social workers' visibility to their consumers and pupil personnel colleagues is still in question, even where they have obtained good credentialing status" (p. 67).

This suggests that attention to other issues that have the potential to impact the future of school social work is essential. Another such issue is the lack of a comprehensive empirical base for school social work practice. There is a tremendous need for social work educators and school social work practitioners to collaborate in an effort to research social work practice. For example, program evaluations and practitioner oriented research can provide an invaluable data base that could be used in demonstrating the effectiveness and efficiency of services to key policy makers and decision makers. There is an urgent need to demonstrate that what school social workers do makes a difference. Undoubtedly, accountability is a critical ingredient for a successful future.

Equally critical is the need for school social workers to recognize and respond to the shifting emphases and changing

needs of special education programs as they evolve. In the past decade, for example, there has been an emphasis on the assessment component of the school social work role as handicapped children were identified and as programs were developed to appropriately serve them. Now there seems to be a shift toward early intervention and prevention, and an increased need to use special education support personnel more efficiently as financial resources become more scarce. Thus, the intervention and consultation components of the school social work role will be increasingly emphasized in preevaluation activities and in the planning of special education programs.

Another important task will be to increase efforts to make school social work visible to the public. This includes both school personnel and the greater community. McCullagh (1982) offers a variety of specific strategies in this area directed at making school social work visible with teachers, students, and educational decision makers such as principals, school boards and superintendents. In the community, publicity efforts utilizing a number of media approaches can also be effective.

Finally, in looking to the future it seems imperative that school social workers actively involve themselves in professional organizations that can provide a source of support, identity, and unified strength. NASW and its National Commission on Education, the Midwest School Social Work Council, and the Iowa School Social Workers Association are all organizations that can be coordinated in a comprehensive effort to further develop school social work in Iowa. Also, aligning school social work organizations with organizations representing other educational professionals will serve to strengthen the commitment to teaming and promoting a total approach to serving children in Iowa schools. As Watson (1983) observes, "The time for rhetoric has passed, and the future of school social work will, to a great extent, be determined by those school social workers who demonstrate their ability to contribute to the overall efforts of the educational team" (p. 203).

References

Bogal-Allbritten, R. School practice coursework in the work curriculum. Social Work in Education, 1984, 6(4), 221-231.

Costin, L. An analysis of the tasks in school social work. Social Service Review, 1969, 43, 274-285.

Hawkins, M. State certification standards for school social work practice. Social Work in Education, 1982, 4(3), 41-51.

Levine R. Developing approved programs for school social work certification. Social Work in Education, 1985, 7(4), 258-263.

McCullagh, J. Survival stategies for school social workers. Social Work in Education, 1982, 4(3), 5-15.

Pennekamp, M. State certification of school social workers. Social Work in Education, 1982, 5(1), 66-69.

Rules of special education. Des Moines, Ia.: Iowa Department of Public Instruction, 1985.

Watson, T. Observations. Social work in education, 1983, 5(3), 200-203.

The Impact of Legal Mandates on School Social Services: Implications for School Social Work in Special Education

Peter R. Templeman
Franklin Center/Central School

The focus of this article traces the impact of specific court decisions on the rights of handicapped students. The cumulative effect of several court actions over time is discussed which tends to develop a picture of broadening support for students requiring special education services. Questions are raised relating to the effect of the court decisions and later laws on the delivery of services to handicapped children. Additional points of view are developed suggesting the changes occurring the models of school social work practice. The participation of school social workers in the process of policy development is also outlined.

During the period between 1970 and 1972, two court decisions were made which would impact and revolutionize the delivery of services to handicapped students in schools. These

---

Peter Templeman, ACSW, has a master's in social work and a master,s in educational administration and leadership. He is a school social worker at Franklin Center/Central School in Dubuque, Iowa. He is also former Clinical Director of the Drug and Alcohol Rehabilitation and Education Center at Ft. Richardson Alaska and former Chief of Social Work Services at Ft. Eustis, Virginia.

Journal of School Social Work
Vol. 1, No. 1, Spring 1986, pp. 19-29

decisions would be felt for many years and in the process change the fundamental nature of social services to children in schools and also directly impact those persons who deliver the services to children, namely school social workers. These decisions, Pennsylvania Association of Retarded Children (PARC) versus Commonwealth of Pennsylvania[1] and Mills versus District of Columbia[2], each in its own way contributed to the revolution through defining the concept of rights for the handicapped to an appropriate education and to access to the same opportunities enjoyed in our larger society by the nonhandicapped. These court decisions acknowledged the existence of a set of civil rights for the handicapped and outlined the boundaries in giving shape to those rights. In the several years following those decisions, other laws were passed, such as the Vocational Rehabilitation Act of 1973[3] and the Education of All Handicapped Children Act (PL 94-142)[4]. These laws would define the rights more precisely and establish the mechanism for enforcement.

By the end of the 1970's and at the beginning of the 1980's, there has gradually emerged a more refined body of court decisions, laws, ensuing regulations, Office of Special Education policies, and Office of Civil Rights findings which have defined what is now an irreversible direction toward the enforcement of the rights of handicapped people. At this point, the thrust of this cumulative body of law is becoming more clear. Whether it is clarified by a body of regulations which may serve to avoid litigation, or whether the clarification is achieved through court decisions, the direction actually becomes the same. The overall direction of judicial decisions and regulations is toward the broadening of the traditional focus of the school in the process of providing and facilitating a free, appropriate, public education for handicapped children. This right, to a free, appropriate, public education was to consist of more than equal access to education or even compensatory education. For the handicapped, neither opportunities nor educational objectives could be the same as for the regular education student. The new concept of the

right to an education was to include "equal access to differing resources for differing objectives"[5].

Two major Federal District Court decisions dominate the many right to education decisions of this period of time, and they tend to serve as an illustration for the definitive change taking place. These are Pennsylvania Association for Retarded Children (PARC) versus Commonwealth of Pennsylvania[6] and Mills versus the Board of Education[7]. The Pennsylvania case was taken on behalf of thirteen, school-aged, retarded children in the state who were denied free access to public education opportunity by public policy as expressed in law, policies, and practices of the State Education Agency and school districts throughout the state. The resulting court order provided that the state could not apply any law which would postpone, terminate or deny mentally retarded children access to a publicly supported education, including a public school program, tuition or tuition maintenance, and homebound instruction. The order struck down sections of the State School Code and set dates by which the plaintiff children and all other retarded children in the state were to be re-evaluated and provided a publicly supported education. Local districts, providing programs of preschool education, were required to provide the same for mentally retarded children. In addition, the court urged that these children should be educated in a program most like that provided to non-handicapped children.

Mills versus the Board of Education followed the PARC case by several months and was basically similar except that a wider range of handicaps was represented and some of the children were residing at home. As in the PARC case, the court ordered that the plaintiffs and all others of the class were to receive a publicly supported education. The decision also specified that the plaintiffs would be entitled to due process of law prior to any change in educational program. The District of Columbia Board of Education failed to comply with the court order, stating that they did not have the necessary financial resources and that to divert money from regular education programs would deprive regular education children of their rights. The court was not persuaded by the argument. The

school has an obligation to provide a free, public education to these exceptional children. Failure to provide this education could not be excused by the claim that there are insufficient funds.

> "The inadequacies of the District of Columbia Public School System cannot be permitted to bear more heavily on the 'exceptional' or handicapped child than on the normal child."[7]

The resulting court order, which was quite comprehensive, can be summarized under two basic sections:

1. A declaration of the constitutional right of all children, regardless of any exceptional condition or handicap, to a publicly supported education.

2. A declaration that the defendant's rules, policies, and practices, which excluded children without a provision for adequate and immediate alternative educational services, and the absence of prior hearing and review of placement procedures, denied the plaintiffs and the class the rights of due process and equal protection of the law.

With these two cases, the rights of the handicapped child to a free and appropriate public education and many of the procedural safeguards which were to find their way into later legislation and regulations were already clearly established. Shortly after the court decisions, two closely related laws were to clarify further the rights of the handicapped to an education. The first, Section 504 of the Vocational Rehabilitation Act of 1973, prohibited discrimination on the basis of handicap from programs and activities receiving federal financial assistance[8]. The second, Public Law 94-142, a "Bill of Rights for the Handicapped" gave even further definition to the right to a free, appropriate, public education for all handicapped persons aged three to twenty-one. The latter also provided for education in

the environment of least restriction and outlined the accountability and procedural safeguards which would ensure this right[9]. States which request funding under Public Law 94-142 must file a state plan which assure that the state will comply with the requirements set forth in the Public Law 94-142 legislation. The Office of Special Education and Rehabilitative Services reviews these state plans and conducts onsite visits to determine whether educational programs comply with Public Law 94-142. In addition, all states that accept federal funds for any educational purpose must comply with Section 504. A state may decide to reject funding under Public Law 94-142 but must still comply with Section 504 unless the state decides to reject all federal education funds. The Office of Civil Rights enforces Section 504 by investigating complaints and coordinating compliance reviews.

Public Law 94-142 covers a wide range of handicaps comprising approximately twelve percent of the school-age population. Educational objectives for handicapped children are arrived at between the multidisciplinary team and parents, following a "complete, multifaceted, nondiscriminatory evaluation." These objectives, together with the special education and related services needed to achieve them, beome part of a written Individualized Educational Program (IEP). The IEP needs to contain, "appropriate objectives, criteria and evaluation procedures and schedules for being achieved." The IEP is a statement of resources necessary to achieve a goal, an agreement on what an appropriate education for the child is to be, and the central management tool for ensuring accountability and compliance with the purposes of Public Law 94-142[10].

Handicapped children have the right to special education and related services. Related services are defined in the regulations as, "those additional services required to assist a child to benefit from special education[10]. Without establishing a limit, the regulations of Public Law 94-142 provided a long list of possible related services. This list includes school social work services, psychological services, and excludes medical services except those needed for diagnostic and evaluation purposes. The concept of related services is also

treated in the educational regulations of Section 504 of the Vocational Rehabilitation Act of 1973. The Section 504 regulations define nondiscrimination in education as, "the provision of a free, appropriate, public education to qualified handicapped persons regardless of the nature and severity of the person's handicap" as adequately as the needs of nonhandicapped persons are met[10]. These regulations extended the concept of related aids and services to apply to regular education as well as special education. Two brief sections from these regulations point out the purpose of "aids, benefits, and services" in regular education:

> For the purpose of this discussion, aids, benefits, and services, to be equally effective, are not required to produce the identical result or level of achievement for handicapped or for nonhandicapped persons but must afford handicapped persons equal opportunity to obtain the same result, to gain the same benefit or the same level of achievement, in the most integrated setting appropriate to the person's needs.

> A recipient shall place a handicapped person in the regular educational environment operated by the recipient unless it is demonstrated by the recipient that the education of the person in the regular environment with the use of supplementary aids and services cannot be provided satisfactorily.

There has been considerable debate related to how extensively the term, "related services", would be construed. To what extent would the term include ongoing services, medical in nature? Would a language board or a hearing aid be a related service? Is psychotherapy a related service? How extensive this right was to be would be a matter for the courts and ongoing federal regulations. In the following five

years, a body of judicial decisions and regulations emerged which clarified further the meaning and the directions of this right. As in the Mills case, prior to Public Law 94-142, the child's right to a free, appropriate, public education and to related services, as defined in the IEP, could not be abridged by ability or availability in the local district. In many cases the needed special education and related services would be purchased from the outside, from special education districts designed to meet needs which the local schools could not meet and from private schools and institutions. The development of ways to share costs for services between districts followed very quickly.

According to the Office of Civil Rights, Congress did not intend to restrict the definition of the term, "related services", to any list or category. What the handicapped child needs to assist him or her in benefitting from an education constitutes the essential criteria of related services. Developmental, corrective, or supportive services (such as artistic and cultural programs, and art, music, and dance therapy) could be related services if they are required to assist a handicapped child to benefit from special education. An ongoing medical service would be considered a related service if it is necessary to enable a qualified handicapped student to obtain the same result, to gain the same benefit, to reach the same level of achievement as a nonhandicapped student to the maximum extent possible[12].

Unless a new structure of shared and collaborative responsibility of schools and social agencies is developed, the law could potentially have a serious disruptive impact on current social service delivery patterns. The potential liability of the school seems to be quite clear to educators. If the service is recommended in the Individualized Educational Program (IEP), it must be provided at no cost. The result has been that IEP recommendations generally seem to have limited themselves to what the school had available. In this case, legislation which has been intended to provide an entitlement to all necessary services actually has, in many cases, caused a breakdown of relations between other agencies and schools. In one blatant example, school personnel seemed

to have been actually forbidden by administrative memo to make any recommendation for services outside of the school. This policy of non-referral affected activity of parents outside the IEP conference and even populations completely unrelated to Public Law 94-142. As a result, a home for unmarried mothers in an urban area in another state, saw a sharp decline in referrals from schools. When the home inquired, the new policy was explained to them. On the other hand, state agencies knowledgeable about the potential liability of the schools have shown a readiness to have the educational system take general financial responsibility for as many of their students as possible. There is no clear criteria as to who should pay for what, except, that if other agencies refuse to pay, the school still has responsibility for what is needed for the pupil to receive an education[12].

The issue of payment for psychotherapy as a "related service" for emotionally disturbed youngsters in residential facilities was joined in 1980. In a landmark decision in the Federal District Court in Illinois, Gary B. versus Cronin[13], the court ruled that psychotherapy and a number of other services given to children in a residential treatment facility should be considered "related services" and should be made available at no cost to youngsters and their parents. The District Court decision occurred about six months after an Office of Civil Rights finding that the state was out of compliance with federal guarantees of equal access to the handicapped in withholding payment for psychotherapy for children in institutions[14]. The agreement in response to the Office of Special Education and the District Court released $48,000,000 in federal funding which had been withheld. In agreeing that psychotherapy and other services should be available at no cost to the parents, the state made it clear that the cost would not necessarily be borne by the state education agency but that planning for each placement would involve participation of other state agencies who would share whatever parts of the cost for the youngster as might be appropriate. The only solution to the potential liability to the schools alone would be a degree of coordination of services and

collaboration not previously possible in a segmented system. The school, in many cases, would only be responsible for the purchase of special education services from the residential school, with other state agencies picking up other parts of the bill[15].

An Office of Civil Rights ruling in the case of a Connecticut regulation on related services focuses additional light on whether a clear distinction between educational and noneducational could also be made. The regulation would have allowed school districts to avoid payment for certain related services if they determined residential placements were for noneducational reasons. In this particular case, the school district refused to pay for room and board and the cost of social work counseling and psychological counseling as, "other than educationally related aids and services." The Office of Civil Rights' finding was that the "critical element" in determining whether a local educational agency is responsible for paying for the costs of related services is whether the handicapping condition adversely affects the child's educational performance. As soon as the school district decided that a residential placement was necessary for the student "to meet with success in school", it became obligated to provide that education at no cost to the parents[16].

Whether educational policy is made through regulations or through the courts, the effect of such policies and the direction taken by the courts in interpreting Public law 94-142 and Section 504 has become quite clear. It is of crucial importance to analyze the effect of these provisions on school social work practice, on the delivery of services to handicapped children, and on the school itself as it has traditionally conceived of its own mission. Along with the question of the effect of these developments on schools, and on school services, is the larger and related question of implementation. How can schools absorb the changes in their traditional mission? How can the current service delivery system adapt to the current reality of entitlement to services through the schools? What models of school social work practice emerge from these directives which cover areas where

school social workers have been serving for over seventy years? What role might school social work play in the implementation of services to children based on educational rights?

These changes in school structure are significantly influencing the purposes and functions of school social work. In addition, as the school social worker becomes more deeply involves with consultation on issues which have implications, not only for single cases but for entire school districts, an understanding of the roots of single cases but for entire school districts, an understanding of the roots of policy development in the schools will be essential. Even now in many locales, the knowledge and skills of school social work and its understanding of the school clientele are proving to be very useful in the policy development process. Any further development will basically depend upon the commitment of school social workers to see policy development as a natural direction of practice and to prepare themselves for the implications of this role. The broadening of the functions of the school is a real opportunity for school social work to take on a new relation to educational purposes and to match its own perspective and skills with these changing educational needs and structures.

Footnotes

[1] Pennsylvania Association of Retarded Children (PARC) versus Commonwealth of Pennsylvania, 334F. Supplement 1257.

[2] Mills versus Board of Education of the District of Columbia, 3348F. Supplement 866. (D.D.C. 1972).

[3] 29 United States Code 794.

[4] 20 United States Code 1471.

[5] F. Weintraub and A. Abeson. New education policies for the handicapped: The quiet revolution. In F. Weintraub, A. Abeson, J. Ballard, and M. LaVor, Public policy and the education of exceptional children. Washington, D.C.: Council for Exceptional Children, 1978.

[6] PARC versus Commonwealth of Pennsylvania.

[7] Mills versus District of Columbia.

[8] 29 United States Code 794.

[9] 20 United States Code 1401.

[10] Department of Health, Education, and Welfare, Education of Handicapped Children, Federal Register, August 23, 1977, 121A340-42.

[11] Department of Education, Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance, Federal Register, May 19, 1982, 33, (6), (1), (34CFR part 104).

[12] Office of Civil Rights, Letter of Findings, February 27, 1980, Illinois Board of Education, Education of the Handicapped Law Report (Washington, D.C., CRR Publishing, 1980), 257:176. Education of the Handicapped Law Report, July 1982.

[13] Gary B. versus Cronin, 79 C5383 (ND Illinois). North versus D.C. Board of Education, 466F. Supplement 136 (D.D.C. 1979).

[14] Office of Civil Rights, Letter of Findings, February 27, 1980, Illinois Board of Education.

[15] Illinois State Board of Education, Mangement Bulletin, Fall 1980.

[16] Office of Civil Rights, Simsbury, Connecticut Public Schools, Letter of Findings. Education of the Handicapped Law Review, Washington, D.C., 1980.

BEST COPY AVAILABLE

Social Work and the Mentally Retarded Child

Michael J. Monfils
University of Nebraska College of Medicine

Increasing numbers of mentally retarded children are being served in the public schools rather than in institutional settings. These children are an underserved population posing significant challenges to educators and school social workers. This paper examines and describes three critical roles in school social work practice with retarded children: 1) intervention with parents and family; 2) consultation and education with key school personnel, and; 3) community development and education. The author believes that school social workers can provide valuable leadership in meeting the developmental needs of the retarded child and his or her family.

Introduction

Due to trends such as de-institutionalization and the rise of community-based programs for the mentally retarded, as well as the impact of Public Law 94-142 (the Education for All Handicapped Children Act of 1975), increasing numbers of

---

Michael J. Monfils, ACSW, lives in Glenwood, Iowa, and is employed as a Social Worker at the Nebraska Psychiatric Institute, Omaha, Nebraska. He has worked with retarded children and their families for the past 11 years in schools, foster homes, and mental health settings. In addition, he has published several articles and book chapters on social work practice with the mentally retarded.

Journal of School Social Work
Vol. 1, No. 1, Spring 1986, pp. 31-44

mentally retarded children are being served in the public schools. Many of these children, who previously had been educated in self-contained special classes, have now been placed into regular classes for part or all of their school day. These children are an underserved population and pose substantial challenges to educators, not only because of learning deficits, but also due to behavioral disturbances which frequently interfere with the learning process.

School social workers are in an excellent position to assist educators in meeting the academic and psychosocial needs of the mentally retarded child and his or her parents. Frequently teachers and school administrators experience stress and discomfort as they search for effective methods of handling both the antisocial behaviors of retarded children and the needs of their parents. Therefore, they are often open to innovative collaboration with school social workers and indeed welcome their input.

The purpose of this article is to outline and describe several important roles which are viewed as integral to school social work practice with mentally retarded children and the needs of their families. These roles include 1) therapeutic intervention with the parents and family of the retarded child; 2) consultation and education with school teachers, counselors and administrators; and 3) coordination and development of services for the child and family in the community-at-large.

Intervention With Families

The presence of a retarded child within a family usually requires adjustments of the part of parents. Initially, parents must modify their expectations of having a normal, healthy child and adjust to the painful reality of a handicapped child in the family. Parental reactions to retardation, such as shock and anger, and adaptive versus maladaptive responses have been well documented in the literature (Baruth and Burggraf, 1979). By the time a retarded child enters a program of formal education, parents may have already sought out several professional evaluations as they search for causes of the retardation as well as solutions to the child's delayed development (Evans, 1983).

The involvement of school social workers with parents and family members of retarded children often begins after a referral from the child's teacher, guidance counselor or from the school administrators. The social worker may be asked to intervene, for example, in instances where parents have been uncooperative with school officials in following through on appropriate programs for the child. Rather than becoming involved with families of retarded children at times of crises or when resistance is likely to be encountered, it would be much more desirable to engage in early outreach to such families. Outreach could involve early contact with parents of retarded children in an effort to identify the child's needs and potential avenues of service, as well as resources for the family. Armfield (1977) has outlined a group outreach approach which may be utilized in incorporating the family as part of the child's educational program. This approach involves the establishment of a parent's advisory group which would develop a series of classes for parents of retarded children. The advisory group itself could consist in part of those parents who have been critical of the school's special education program. The classes would be designed to teach parents how to work cooperatively with the school in maximizing their child's learning potential. Parents would have an opportunity to ventilate their feelings and frustrations about their child's educational progress, and could learn constructive activities that could be used in the home to supplement the child's development. Social workers could participate with teachers and school psychologists in developing and conducting these classes.

The use of formal group counseling with family members of retarded children is another promising approach which can be engineered by school social workers. Huber (1979) has reported that the concepts of Kubler-Ross provided a useful framework for discussion by parents of handicapped children. These parents were observed to experience the stages of denial, anger, bargaining, depression, and acceptance which Kubler-Ross found to be of paramount importance to family members of dying persons. The group process, utilizing a model such as this one, is extremely valuable to parents of the retarded child in understanding and coping with their child's situation.

Szymanski and Rosefsky (1980) have advocated the use of multiple family therapy groups which are composed of four to six retarded children and their family members. These groups, which have been used to some extent with other types of clients, need to be applied and researched with retarded citizens as well. Within the multiple family group, parents and siblings of the retarded child are able to express their feelings and frustrations openly and learn from one another appropriate ways of enhancing the child's growth and development. Although a technique such as this may require extra time and effort when used by school social workers, long-term benefits will accrue in terms of increased cooperation between families and school personnel.

School social workers also have opportunities to effect change in families of retarded children by engaging families, when necessary, in structured family therapy. Such therapy may be offered in situations in which the family is unable to accept the child's retardation or agree upon appropriate programming for the child. Since school social workers are often limited by the pressures of time and work load, a brief family therapy approach may be the most efficient treatment of choice. Recent research, as reviewed by Gurman and Kniskern (1978), has demonstrated the effectiveness of time-limited therapy in working with families.

The emphasis in a brief therapy approach is centered on quickly establishing a supportive relationship with the family, which allows family members to feel free enough to express the conflicts which involve the retarded child. The social worker functions as a catalyst who uncovers conflict and assists family members in understanding and clarifying areas of conflict. Therapy should enable family members to explore various courses of action and to experiment with new patterns of interacting and behaving. In addition to reinforcing constructive changes which occur, the social worker also assists the family in making plans for the child's future needs. It is important for school social workers, throughout their contacts with parents of mentally retarded children, to assist family members in evaluating their own values and attitudes regarding the presence of a retarded member in the family. Parents need to realize that the child has potential for continued learning, growth and

development. Initial parental feelings of denial and hopelessness must give way to a hopeful assessment of the child's developmental potential.

It is also crucial to examine the amount of stress which parents are experiencing at any given time. Parental mishandling of the child may in fact be a sign that the parents are overwhelmed by the needs and demands of the child. Referrals to appropriate social support systems should be made whenever possible and might include a parent group, recreational service for the child, or a respite care arrangement. The local chapter of the Association for Retarded Citizens usually is able to help in securing these concrete types of resources, which in some cases are more valuable than traditional psychotherapy or other formal treatment methods.

Consultation and Education

Consultation is a method of practice which has received increased emphasis and importance in the field of social work in recent years. Rapoport (1977) defines it as "a time-limited, purposeful, contractual relationship between a knowledgeable expert, the consultant, and a less knowledgeable professional worker, the consultee." In the context of school social work with retarded children consultation is directed at enhancing the ability of school teachers, counselors, and administrators to solve problems which relate to the behavior and adjustment of the child. Consultation should also aim to instill positive attitudes and values in school personnel regarding work with the retarded. The consultant also functions at times as an educator, in terms of conveying and applying modern concepts regarding the treatment and habilitation of retarded citizens.

If social workers are to serve as "expert" consultants to schools regarding the needs of retarded children, they will first need to become thoroughly acquainted with the evaluation and treatment of mental retardation. The field of retardation needs to receive increased emphasis and commitment in social work education, so that social workers will be well prepared to serve retarded children in the schools. School consultation itself is not new to social work, as evidenced by authors such as Kevin

(1963), who wrote about the use of innovative group consultation with classroom teachers in the early 1960's. However, consultation specifically directed toward the needs of the retarded child is of fairly recent origin, and has become more of an issue since the enactment of Public Law 94-142 (Education for All Handicapped Children Act) in 1975.

Caplan (1970) delineated four different types of consultation and noted that client-centered case consultation is the most familiar type of consultation which is utilized by professionals. School social workers may initially be consulted regarding the problems of individual children, but may eventually be able to provide input regarding programmatic and administrative issues, once they have proven their worth to school personnel.

The role of the social work consultant in responding to the needs of teachers has been succintly summarized by Szymanski and Leaverton. They believe that the consultant must build a helping relationship with teachers and be available to provide training regarding the needs of retarded citizens. The worker functions as an educator who "must lead the teacher to see a child's presenting a problem not as isolated entity but in light of his total adjustment and abilities" (Szymenski and Leaverton, 1980). The social work consultant thereby attempts to provide a positive emphasis on the child's potential for growth and development. Contacts with teachers can often be utilized as stepping stones to involvement with the child's family and other support systems.

Teachers may also require assistance in working through their own negative feelings about the child and disruptive behaviors which the child may display. In a survey of teachers by Wehman and McLaughlin (1979), behaviors such as non-compliance, temper tantrums, and stereotypic behaviors were mentioned most frequently as characteristic problem behaviors of severely and profoundly handicapped students. School social workers need to acquire a comprehensive knowledge of behavior modification approaches which can be applied to the school setting (Bijou, 1983). As these approaches are shared with teachers it will not become necessary for them to resort to aversive methods of control.

As school social workers begin to demonstrate increased

expertise in client-centered consultation they will also be called upon to provide program or administrative consultation to school principals and administrators. The worker in these instances will have an opportunity to provide school personnel with an objective and flexible viewpoint regarding the needs of the school as a system. MacLennan (1975) has noted that consultants can offer valuable assistance to administrators in developing mental health programs for emotionally and behaviorally disturbed children. Innovative programs for the retarded child and his or her family should also become a priority.

The use of consultation with groups is another dynamic technique which can be developed by school social workers. This method is an efficient way of engaging school teachers and administrators in discussion and education regarding the mental health needs of the retarded child. Concepts such as normalization and the developmental model can be communicated to school personnel in the group context, with additional discussion of problem-solving techniques which teachers may utilize in the classroom. The social worker becomes a resource person for teachers and administrators, and is able to model appropriate attitudes and commitment toward retarded citizens.

School social workers will find that concerns about the mainstreaming of retarded children are an important issue in the consultation process. Mainstreaming has been a problematic and at times emotionally-charged issue for school teachers and administrators. The success of mainstreaming ultimately lives with the school personnel who will be working with the retarded child. If teachers and administrators harbor negative attitudes and are antagonistic to mainstreaming, they can effectively undermine the child's program and progress.

Research regarding teachers' attitudes toward retarded children (Gickling and Theobald, 1975) has shown that many teachers feel inadequate in handling the behavioral and academic problems of these children. These same teachers may respond confidently to similar disruptive behaviors in nonretarded children, yet become frightened or unsure of how to deal with the retarded child. Teacher attitudes must, therefore, be an important focus for the efforts of school social workers.

In individual consultations with teachers, school social workers should allow opportunities for discussion and ventilation of feelings regarding mainstreaming, and can present a positive framework regarding the child's potential and abilities. Teacher education can also be utilized in instructing teachers how to cope with their feelings; peer support groups are a particularly effective mechanism in this regard. Once teachers know that they can deal with their own uncertainties and fears, they are then usually able to concentrate on providing the child with appropriate learning experiences.

Shapiro (1972) has stated that mental health consultation can be used as a means of preventing mental disorders and bringing together existing resources. School social workers who work with retarded children have an exciting opportunity to engage in prevention at all levels. Often social workers find themselves with insufficient time and resources to do anything other than tertiary prevention. Carter (1975), however, has affirmed that primary and secondary prevention are integral to school mental health consultations. Prevention should include teacher education regarding mental retardation and helping teachers to identify retarded children who are in need of special services. An active approach to outreach is indicated, in which the consultant initiates and creates techniques of intervention.

Community Development

There are many challenges in the community-at-large with respect to developing programs and services for the retarded child. School social workers have an excellent opportunity to broaden the focus of their intervention beyond the confines of the family and classroom. Efforts must be made to bridge the gaps between home, school, and community in constructing comprehensive strategies to meet the psychosocial needs of the child. Social workers should be in the foreground as leaders in initiating and coordinating these efforts.

Although retarded children and their parents can benefit in many instances from individual or family therapy, it is apparent

that psychotherapy alone is insufficient in meeting the complex needs of these persons. Costin (1981) has advocated that school social workers can bring an ecological perspective to bear on the problems of children, in which the goal is to improve the interaction between the school and the environment. A broader, systems-oriented approach is thus called for, in which effective cooperation and interaction between community resources and agencies is promoted.

Community education is an important method which school social workers can utilize in bridging the gap between school and community. Individuals in the community need to know what types of programs are being offered in the schools for retarded children, so that they might realize that these children can be served in a normalized setting. Education can also focus on changing negative attitudes which persons might have concerning the retarded, because feelings of misunderstanding and fear toward retarded citizens still persist in many individuals. By speaking to community groups and presenting modern concepts in mental retardation, school social workers can change societal attitudes and promote acceptance of school programs.

The coordination of the multiple services which are often needed in the management of the school-aged retarded child is an important principle. This coordination implies the social workers are aware of existing resources and knowledgeable in community organization strategies. In the absence of resources, school social workers can assume leadership in developing coalitions of parents and concerned citizens who will move to create new programs and services. Alliances with organizations such as the Association for Retarded Citizens are fruitful in establishing concrete services for the family, such as recreational programs for the child, respite care arrangements, and parent groups. The social worker as a community organizer establishes and solidifies linkages between a variety of resources on behalf of the child and family.

As school social workers begin to assume a leadership role in working with the community, the issue of advocacy becomes an important concern. Many retarded children are in need of advocates who can act in support of the child's needs.

However, the question must be raised as to whether the school social workers are in an appropriate position to really act as effective advocates.

Wolfensberger (1972) and Adams (1973) have both expressed reservations about the effectiveness of advocacy by professionals and agencies. Wolfensberger notes that competent private citizens may be in a better position than professionals to advocate for the retarded, since they are not bound by agency regulations or conflicts of interest. Adams states that social workers in particular are placed in the uncomfortable position of weighing the rights of the individual versus the right of society as a whole, thereby making client advocacy a troublesome task. Perhaps the social work advocacy role should be conceptualized as that of a catalyst or leader who enlists the cooperation of citizen and legal advocates on behalf of the retarded child. The social worker can provide the knowledge, inspiration, and direction which these advocates will require as they assess the needs of the child. Social workers thus develop a partnership with other advocates, rather than serving solely as the advocate for each individual child. Costin (1981) has identified several objectives of school social work practice which are especially pertinent to working with the retarded child and the community. These objectives include 1) influencing interactions between organizations and institutions, and 2) the influencing of social and environmental policy.

The first of these objectives provides the school social worker with an opportunity to function as a mediator who promotes effective interaction between the school and community agencies and organizations. With respect to the retarded child, this mediating function involves the maintenance of appropriate communication and cooperation between the school and those agencies which are involved with each child. The second objective thrusts school social workers into the policy arena, in terms of evaluating and influencing school policies and protecting student rights. Retarded children are at risk, for example, of being subjected to inappropriate forms of discipline or punishment. School social workers must take the initiative in becoming involved in the formulation of school policies and in enlisting the input of the community. This responsibility also

extends to participation in the legislative process on the state and national levels.

Conclusion

School social workers have many exciting opportunities to emerge as forerunners in providing services to the mentally retarded child and his or her family. There is a great need, however, for social workers to acquire basic and advanced knowledge about the phenomenon of mental retardation and its treatment. La Vietes (1978) has also stressed the importance of developing acceptance, a conviction of the individual's worth, and optimism about the person's capabilities as prerequisites for effective intervention. Social work knowledge, combined with positive attitudes regarding the child's developmental potential and a sincere commitment to serve the child, will pave the way for skilled intervention with these children.

There are a variety of key challenges which school social workers face as they become involved with the mentally retarded child. These challenges include therapeutic work with the family, consultation and education with school personnel, and outreach and involvement with the community. A wide variety of techniques are available and can be used effectively in meeting the complete needs of the child and family. By combining knowledge, enthusiasm, and commitment, school social workers will provide leadership and direction in serving the retarded child.

References

Adams, M. Science, technology, and some dilemmas of advocacy. Science, 1973, 180, 840-842.

Armfield, A. Incorporating the family as part of the educational strategy for mentally retarded students. In P. Mittler (Ed.), Research to practice in mental retardation. Baltimore: University Park Press, 1977.

Baruth, L., & M. Burggraf. Counseling parents of exceptional children. Guilford: Special Learning Corporation, 1979.

Bijou, S. The role of community schools in providing mental health services for retarded individuals. In F.J. Menolascino and B.M. McCann (Eds.), Mental health and mental retardation: Bridging the gap. Baltimore: University Park Press, 1983.

Caplan, C. The theory and practice of mental health consultation. New York: Basic Books, 1970.

Carter, B.D. School mental health consultation: A clinical social work interventive technique. Social Work Journal, 1975, 3, 201-210.

Costin, L.B. School social work as specialized practice. Social Work, 1981, 26, 36-43.

Evans, D.P. The lives of mentally retarded people. Boulder: Westview Press, 1983.

Gickling, E.E. & J.T. Theobald. Mainstreaming: Affect or effect. Journal of Special Education, 1975, 9, 317-328.

Gurman, A.S., & D.P. Kniskern. Research on marital and family therapy: Progress, perspective and prospect. In S.L. Garfield and A.E. Bergin (Eds.), Handbook of psychotherapy and behavior change: An empirical analysis. New York: John Wiley and Sons, 1978.

Huber, C.H. Parents of the handicapped child: Facilitating acceptance through group counseling. Personnel and Guidance Journal, 1979, 57 267-269.

Kevin, D. Use of the group method in consultation. In L. Rapoport (Ed.), Consultation in Social Work Practice. New York: National Association of Social Workers, 1963.

LaVietes, R. Mental retardation: Psychological treatment. In B.B. Wolman (Ed.), Handbook of Treatment of Emotional Disorders in Childhood and Adolescence. Englewood Cliffs: Prentice-Hall, Inc., 1978.

MacLennan, B.W. Program development and gaining access in community mental health consultation to the schools. In F.V. Mannino, B.W. MacLennan, & M.F. Shore (Eds.), The Practice of Mental Health Consultation. Washington, D.C.: U.S. Government Printing Office, 1975.

Rapoport, L. Consultation in social work. In Encylopedia of Social Work (Vol. 1). Washington, D.C.: National Association of Social Workers, 1977.

Shapiro, I.M. Mental health-mental retardation consultation. In E. Katz (Ed.), Mental health services for the mentally retarded. Springfield: Charles C. Thomas, 1972.

Szymanski, L.S., & D.R. Leaverton. Mental health consultations to educational programs for retarded persons. In L.S. Szymanski & P.E. Tanguay (Eds.), Emotional disorders of mentally retarded persons. Baltimore: University Park Press, 1980.

Szymanski, L.S. & Q.B. Rosefsky. Group psychotherapy with retarded persons. In L.S. Szymanski & P.E. Tanguay (Eds.), Emotional disorders of mentally retarded persons. Baltimore: University Park Press, 1980.

Wehman, P. & P.J. McLaughlin. Teachers's perceptions of behavior problems with severely and profoundly handicapped students. Mental Retardation, 1979, 17, 20-21.

Wolfensberger, W. Citizen advocacy for the handicapped, impaired and disadvantaged: An overview. Washington, D.C.: President's Committee on Mental Retardation, U.S. Government Printing Office, 1972.

BEST COPY AVAILABLE

A Flexible Contingency Program as a Classroom Management Alternative

Marc A. Singer
Lakeland AEA

Judith A. Martin
CESA 9

The present study combined peer sampling and direct observational techniques with a flexible contingency intervention design to reduce the inappropriate behavior of a first grade student. A behavioral aide recorded the frequency of target behavior during identification, baseline, and intervention phases. Significant behavioral improvement along with positive growth in the student's self-concept and peer skills were results of intervention.

Elementary school-aged children spend approximately a quarter of the day in the school setting. The educational and social experiences they encounter in school have a significant influence on learning, social relationships, and self-concept. If school experiences are not of a positive nature, a child's self-concept and achievement may fall below that of others in the class. The degree of difference could lead to conflicts and/or disruptive behavior in the classroom.

Marc A. Singer is a school social worker with Lakeland Area Education Agency in Algona, Iowa. He received his B.S. from Madison College in Harrisonburg, Virginia and his M.S.W. from the University of Maryland. Judy Martin is a school psychologist with the Cooperative Educational Service Agency (CESA) 9, out of Tomahawk, Wisconsin. Ms. Martin received her B.A. from the University of Minnesota-Duluth and her M.S.Ed. from the University of Wisconsin-Superior.

Journal of School Social Work
Vol. 1, No. 1, Spring 1986, pp. 45-55.

Disruptive behaviors resulting from negative experiences, either social or educational, have a significant impact of the functioning of the entire classroom. The interruption of the students' learning process as the teacher intervenes to deal with an "acting out" student is but one aspect of the negative role of inappropriate classroom behavior. Therefore, managing disruptive classroom behavior in the individual child has become an issue of increasing concern for educators.

In recent years, numerous studies have dealt with the issue of behavior management. Schutte and Hopkins (1970) illustrated the use of teacher approval to reinforce appropriate behaviors in the classroom. Other methods of changing behavior in the school include the use of modeling (Gresham, 1981), peer pressure (Barrish, Saunders & Wolfe, 1969; Hegerle, Kesecker, & Couch, 1979), and Premack reinforcement (Morris, 1981; Wasik, 1970). Simmons and Wasik (1976) have documented the use of free time (Osborne, 1969) as a classroom management technique to control disruptive behavior. Their study made group reinforcement dependent upon appropriate behavior exhibited by the target subject and concluded that a free time reinforcer resulted in a marked increase in the student's appropriate behavior. Of additional interest was their finding that those students who received free time reinforcers became more popular with their classmates.

An issue directly related to the management of the disruptive student in the classroom is the observation and recording of the target behaviors. Deno (1980), focused on the direct observational approach for measuring classroom behavior. He noted that direct observation and recording of specific behaviors was less subject to bias. In a related study, Walker and Hops (1976) used a procedure which involved peer sampling for normative observational data. The accurate observation and recording of the target behaviors indicates whether treatment procedures have been effective and when treatment should be altered. The data recorded on a referred student's classmate can be used as a basis of behavioral "normality" in a particular classroom.

The present study focused on the issue of reducing the inappropriate behavior of a first grade student. The

contingency behavioral management design combined the direct observation recording system and the peer sampling data gathering procedures to identify and record inappropriate behavior. A group free time reinforcer was dependent upon a decrease in the frequency of disruptive behavior.

Method

Subject: The subject was referreed by the teacher of a combined first/second grade classroom consisting of 17 students. The subject was repeating the first grade for the second time. Intellectual ability as measured by the Wechsler Intelligence Scale for Children-Revised (WISC-R) showed the subject to be functioning within the average range of abilities. Achievement scores as measured by the Wide Range Achievement Test (WRAT) revealed academic achievement consistent with current grade placement.

Underachievement was felt to be substantially the result of emotional influences, with peer skills and self-esteem identified as areas of special concern. During assessment, the subject claimed to be frequently depressed over nonproductive social relationships and stated that academic effort was worthless. The subject's home environment also appeared to be contributing to a lowered self-esteem. Acting-out behavior in the classroom was felt to be the subject's attempt to meet attention needs and compensate for emotional concerns.

Treatment Phases: The present study consisted of three phases: 1) defining target behaviors, 2) baseline data, and 3) intervention. During the initial phase, a list of possible target behaviors was generated through a meeting with the classroom teacher. Significant disruptive behaviors were operationally defined. For example, a disruptive noise was defined as any noise from the subject audible to the aide seated approximately ten feet away. An aide was trained to record the frequency of occurence of those behaviors and a written behavioral summary. At this point, the aide was integrated into the classroom. The aide's role was carefully worded so that the subject would not be perceived as targeted. The class was informed that this individual would be "learning about the class"

over the next few weeks. Following the initial phase, a baseline recording of target behaviors was recorded for the subject in randomly selected half-hour time segments three times daily. A total of fifteen direct observation periods were recorded. The frequency of target behaviors were also recorded for randomly selected peers during the observation periods. After assessing the baseline data, the out-of-seat and inappropriate noise target behaviors were found to have the largest discrepancy in terms of frequency between the subject and peers. It was decided that those two target behaviors would receive the focus of the intervention efforts.

The intervention phase lasted a total of twenty-one days. The subject was informed as to all contingencies required to earn rewards. The day was divided into half-hour time blocks in addition to recess and lunch segments. A goal of 50 percent frequency reduction in the target behaviors was established. A star was placed on the subject's daily chart in each time block with a minimum 50 percent reduction of both target behaviors. A fifteen minute free time reinforcement period was allocated at the end of the morning and afternoon sessions contingent on the subject earning stars in two-thirds of her time blocks. Random peer observations and written summaries of the student's day continued through the baseline and intervention phase.

Results

Figure 1 - compares the frequency of inappropriate noise and out-of-seat behavior (combined) between the subject and peers. This graph illustrates the significant behavioral difference between the subject and classmates prior to intervention. This discrepancy could not be ignored in the classroom setting and provided the basis for interventive efforts.

Figure 2 - represents the frequency of disruptive behaviors for the subject and peer during the intervention phase. Inspection of the graph reveals a major decline in target behavior frequency for the subject over the course of the interventive phase. As the end of this phase neared, the graph indicates little difference between the target behavior frequency of the subject and peers.

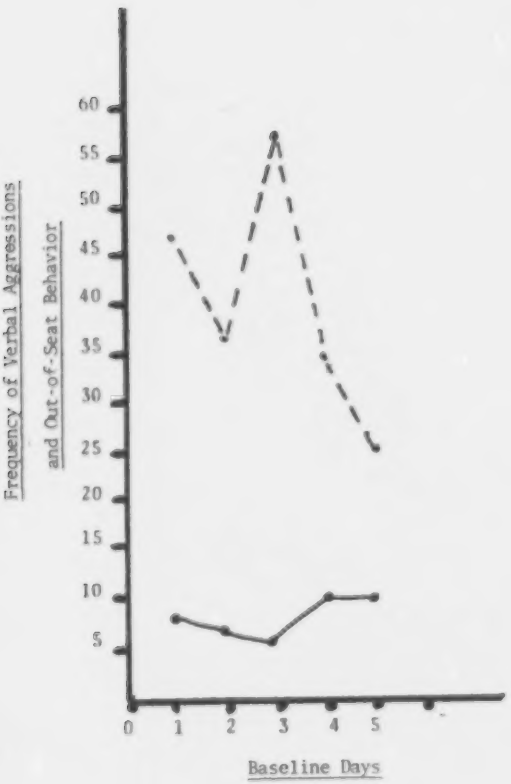


Figure 1. Frequency of target behaviors produced by subject and peers over a baseline of five days.

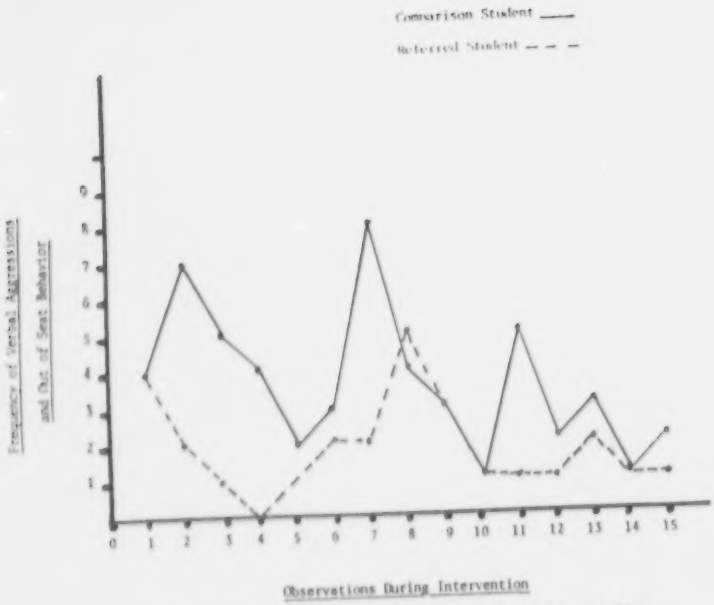

Comparison Student
Referred Student
Frequency of Verbal Aggressions and Out of Seat Behavior
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Observations During Intervention

Figure 2. Frequency of target behaviors produced by subject and peers during the intervention phase.

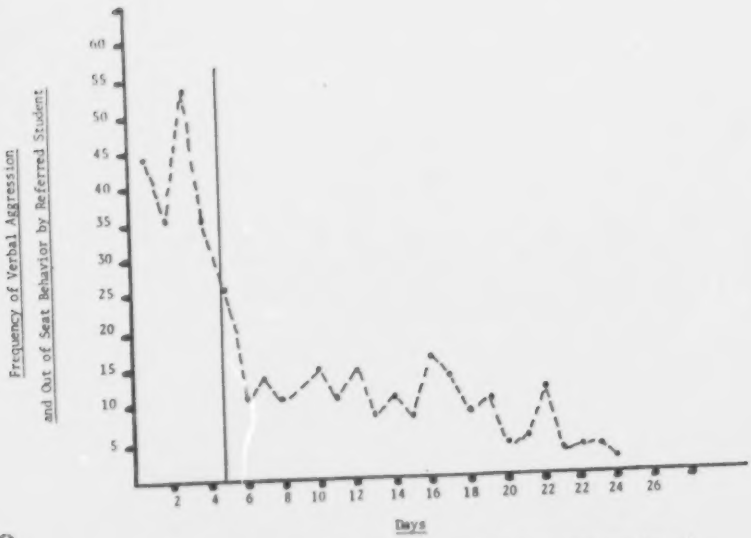

Frequency of Verbal Aggression and Out of Seat Behavior by Referred Student
60 55 50 45 40 35 30 25 20 15 10 5
2 4 6 8 10 12 14 16 18 20 22 22 24 26
Days

Figure 3. Frequency of the subject's target behavior during baseline and intervention phases.

Figure 3 - illustrates the decline of the subject's target behavior for the duration of the study. The mean score for the baseline phase was 38.4 with a standard deviation of 9.46 while the mean score during the intervention phase was 9.14 with a standard deviation of 4.18. Inferential statistics revealed a significant difference between the two phases ($t = 6.08$, p. 0005). The findings indicate that the intervention strategy was significant in altering disruptive behavior.

Written reports supported the subject's behavioral improvement. Examples typical of the baseline phase included "noises including burping", "out-of-seat often to borrow supplies", and "the last one picked for games and was withdrawn after that." Comments recorded during the final days of the interventive phase included "isn't withdrawing as much", "working quietly and accurately", and "appears to have overcome the fear of socializing with others."

Discussion

Direct observation and peer sampling is an effective documentation of behavioral differences between subjects and their classmates. Since behavior may fluctuate over the school day, observations of both subjects and peers should be randomized. Multiple behavior samples are required to accurately document behavioral differences warranting interventions. Peer sampling is an especially useful technique defining normality within the context of a specific classroom. As noted in Deno (1980), peer sampling allows data to be considered on both relative and absolute grounds. Careful recording may show behavioral patterns such as a specific part of the subject's school day where behavior deteriorates. For example, the subject may demonstrate difficulty readjusting to the learning environment after the relative nonstructure of recess, resulting in a higher frequency of behavior problem. Contingencies may need to be adjusted or related issues addressed should these patterns develop. During the intervention phase, the aide may be free to interact with other students as long as recording for the subject is not influenced.

Figure 1 baseline data illustrates the erratic behavior

BEST COPY AVAILABLE

patterns typical of students with behavioral disabilities. It is this fluctuation that often is so frustrating for teachers and other professionals as they attempt to help the student learn. Figure 2 notes a decline in behavioral fluctuations and shows how a contingency program with clear expectations adds the behavioral structure these students require.

Flexibility was a key design feature of the present study. With morning and afternoon blocks being independent, it was possible for the subject to have a behaviorally unsuccessful morning, yet still earn the afternoon reinforcer by receiving stars in two-thirds of the afternoon blocks. In this way, the subject would be less likely to become discouraged by having a bad morning and then giving up for the remainder of the day. Also, depending on the subject's success, contingency criteria was adjustable. For example, the 50 percent criterion for earning stars could be increased or decreased when necessary. Similarly, behavioral generalization can be promoted by extending the half-hour time segments. The flexibility design was also illustrated by the combination of immediate and delayed reinforcement in the intervention phase, with stars serving as immediate reinforcers and free time being more delayed. A negative consequence may be established when the subject's frequency for either target behavior exceeded 150 percent of the baseline frequency during any time block. For example, removal of the student from the classroom environment into a stimulating setting such as a study carrel for a short term duration immediately after the 150 percent criterion is reached is a negative consequence for inappropriate behavior. Pairing reinforcement for appropriate behavior with negative consequences for inappropriate behavior seems to be a thorough and highly specialized design to change behavior.

In addition to the behavioral improvement, the subject became more accepted by classmates during the intervention phase. As disruptions decreased, classmates began to view the subject more positively. This acceptance appeared to positively influence the subject's self-concept as favorable peer responses were integrated. Socially isolated during the baseline, the subject became more involved in group activities in the classroom and during recess.

Weekly meetings between the professional, behavior aide, classroom teacher, and parent are recommended as an integral part of this program. When age-appropriate, the target student may be included in these meetings. The student is more likely to view his parents and school functioning as a team, which increases chances for program success. In the present study, the parent was anxious for the child's behavior to improve and was encouraged to implement similar behavior-changing strategies at home.

Professionals may want to consider and address family interactional patterns that may be contributing to the child's disruptive behavior. Team meetings similarly serve to enlist and maintain the classroom teacher's active role. The teacher must understand and support all aspects of the program or it will not work. Some teachers may be hesitant to have another adult in the classroom, especially with a disruptive student who challenges the teacher's classroom management abilities. Meeting time may be used to emphasize that the teacher is in charge and that the aide will not be functioning as a teacher. Problem situations and the role of each member of the team should be explored at this time. As the intervention phase concludes, the classroom teacher may want to be integrated into the recording and rewarding system as needed.

As previously noted, the student was informed as to exactly what contingencies would result in reinforcement prior to the intervention phase. In this way, the student would not be inclined to "figure out" or manipulate the system. Information was presented in a way so as to enlist the student as a member of the behavior changing team. In this way, the problem focus was placed with the student. While there was some fear that the student would misuse the information to do the minimum needed to receive a reward, this did not occur in the intervention phase. Another strategy for maximizing the student's role is to have the student log his own behavior chart and compare it with the aide's chart.

While additional study is needed, the flexible contingency program is an effective classroom management alternative. Behavioral, social, and self-concept improvements may be outcomes. Especially useful applications may be in the

transitional stage as a student in a self-contained classroom adjusts to mainstreaming or as an alternative to placement in a more restrictive setting.

References

Barrish, H.H., M. Saunders, & M.M. Wolfe. Good behavior game: Effects of individual contingencies for group conferences on disruptive behavior in a classroom. Journal of Applied Behavior Analysis, 1969, 2 119-124.

Deno S.L. Direct observation approach to measuring classroom behavior. Exceptional Children, 1980, 46, 369-399.

Gresham, F.M. Modeling based interventions with children. Behavioral strategies for psychological intervention. Des Moines, Ia.: Iowa Department of Public Instruction, 1981.

Hegerle, D., M.P. Kesecker, and J.V. Couch. A behavior the reduction of inappropriate classroom behaviors. School Psychology Digest, 1979, 8, 339-343.

Kimble, G.A. How to use (and misuse) statistics. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1978.

Morris, R. The Premack Principle: How it can be applied to change behavior in educational settings. Behavioral strategies for psychological intervention. Des Moines, Ia: Iowa Department of Public Instruction, 1981.

Osborne, J.G. Free-time as a reinforcer in the management of classroom behavior. Journal of Applied Behavior Analysis, 1969, 2, 113-118.

Rimm, David C., & John C. Masters. Behavior therapy: Techniques and empirical findings. New York: Academic Press, Inc., 1974.

Schutte, R.C. & B.L. Hopkins. The effects of teacher attention on following instructions in a kindergarten class. Journal of Applied Behavior Analysis, 1970, 3, 117-122.

Simmons, Joyce T. & Barbara H. Wasik. Grouping strategies, peer influence, and free time as classroom management techniques with first and third grade children. Journal of School Psychology, 1976, 4, 322-331.

Walker, Hill M. & Hyman Hops. Use of normative peer data as a standard for evaluating classroom treatment effects. Journal of Applied Behavior Analysis, 1976, 9, 159-168.

Wasik, Barbara H. The applications of Premack's generalization on reinforcement to the management of classroom behavior. Journal of Experimental Child Psychology, 1970, 10, 33-43.

BEST COPY AVAILABLE

Collecting Health/Developmental Data: Guidelines for Practice in Educational Assessment

Ron Palumbo
AEA 6

Sally Petefish Wiarda
AEA 6

This essay addresses the problems commonly encountered in collecting health/developmental data as part of a diagnostic educational assessment. It proposes that the search for solutions needs to begin with clarifying the purposes for gathering this data. Suggestions are made for: general criteria in selecting the evaluator; major components to be included; and guidelines for interpreting and reporting data collected. These recommendations for practice are based upon the authors' combined experience in the field.

The diagnostic educational assessment is the process by which a qualified professional conducts a systematic appraisal of the developmental, cultural, environmental, health and

---

Ron Palumbo, ACSW, was a school social worker with AEA 6, Grinnell. He recently served as Coordinator of a DPI Task Force to develop a practice manual for school social workers in Iowa. Sally Petefish Wiarda, A.R.N.P., is a special education nurse with AEA 6, Marshalltown. Among her other responsibilities, she is Coordinator for preschool screening clinics agency-wide. The accompanying essay is an outgrowth of the authors' work in developing the AEA 6 Health and Social Profile.

Journal of School Social Work
Vol. 1, No. 1, Spring 1986, pp. 55-67

interpersonal relationship factors affecting the student's ability to learn and function appropriately in the educational setting. While the developmental/health history is only one of the multiple components of this assessment, it is the component most likely to help determine the dimension of the student's handicapping condition. For this reason, Public Law 94-142 mandates that this information be collected on each student considered for placement in a special education classroom. Yet this requirement is frequently overlooked or given scant attention in the assessment process. The most common problem however, is not a failure to collect this information (though this occasionally occurs). It is rather that health/developmental information is collected perfunctorily because it is not clear why this information is being collected or how it is to be interpreted.

Several other factors seem to have contributed to this problem. First, there are neither common guidelines nor uniform procedures for collecting health/developmental information. Second, this information is collected by a wide range of educational professionals; usually, this responsibility falls to a nurse, school social worker, or resource room teacher, but sometimes it is collected by school psychologists, preschool teachers or other disciplines as well. Given the wide divergences in education and experience represented by these disciplines, it is not surprising to find that, for example, a school nurse asks both more and different kinds of questions than a resource room teacher. Third, methods of data collection vary widely. The three most common methods are file review, parental questionnaire and parent interview. (Student interview and physician contact appear to be less frequently used and consistently so only by school nurses). Obviously, a history based on a file review alone is less likely to yield an adequate profile of the child's health status than one based on all three methods used in conjunction. Finally, not only does each of these disciplines rely on different interviewing instruments for data collection, but use of widely different instruments are common even within a single discipline.

Clearly, if this information is to be a meaningful component a clearer, more consistent, and more systematic understanding

of the function of the health/developmental history, of fundamental issues in data collection, and of guidelines for interpretation. Prior to taking a health/developmental history, it would prove useful for the educational professional to review five key questions:

1. WHY is this data being collected?
2. WHO should collect this data?
3. WHAT types of data should be included?
4. WHAT should be done with the data collected?
5. HOW should it be reported?

Purposes of a Health/Developmental History

A systematic health/developmental history remains the most useful means of:

1. Determining diagnosed problems that may impact on the student's performance.
2. Identifying non-diagnosed problems that impact on education.
3. Identifying risk factors for the individual student's health.
4. Identifying risk factors for group student health (e.g., communicable diseases).
5. Making inferences toward the impact of the student's health on his/her ability to perform in the school environment.

Selection of Evaluator

If the Level I referral indicates significant concerns over health, growth, or development, the logical first choice of evaluator among members of the multi-disciplinary team is the school nurse. Only the school nurse can conduct a physical examination of the student as well as collect the necessary historical information from the file, the student, and the student's parents. By virtue of training and experience, the school nurse is, in addition, usually the team member with the widest

knowledge of the common health and developmental problems of children.

If the Level I referral does not indicate these areas as primary concerns or if no school nurse is available to provide this service, the logical choice for evaluator is the school social worker. While the degree of expertise in this area varies more widely among school social workers than among nurses and tends to be a function of experience rather than formal education, the school social worker can draw on knowledge of the impact of environmental factors, skill in evaluating complex historical information, and experience in interviewing both students and parents. In some instances, a collaborative effort is recommended; it may prove to be more time-effective for the social worker to gather the information initially and for the school nurse to aid in interpreting data where necessary.

In the event that neither school nursing nor school social worker services are available, this data should be collected by the team member who is best qualified to gather, organize and interpret this type of information.

Major Components

Gathering a complete health/developmental history may involve a variety of assessment techniques, ranging from administering a standardized preschool health screening inventory through collecting birth records to reviewing baby books for developmental milestones. Obviously, the particular techniques used will differ with each individual case. However, it is important to utilize both formal and informal techniques to secure a full range of data.

Similarly, there are certain components which should be included in any health/developmental history. Again, the depth to which each component is evaluated differs from case to case. The details of birth history or developmental milestones, for example, are far more significant in evaluating the health status of a child under five than of a student over twelve. Thus, the following list indicates the areas which should be explored in order to obtain a relatively thorough overview of the student's functioning, while the amount of detail necessary

in each area usually will change as the student matures. It should be noted, too, that the following list is intended to serve as an outline of the basic components of a health/developmental history.

Depending on their discipline and the circumstances precipitating the the referral, evaluators may wish to include other components, such as a review of systems, a behavioral checklist, or an assessment of discipline and child care practices. Finally, we wish to emphasize that, regardless of the number of components or the depth to which a given component is explored, the goal is to collect sufficient information to provide a comprehensive overview of the individual student's current health/developmental status.

I. IDENTIFYING INFORMATION

Objective: to identify the individual student and to collect pertinent demographic information.

The purpose of this component is to confirm, correct and update information on file. At the very minimum, this area should include: the student's legal name (i.e., as it appears on his/her birth certificate), current address and phone, and languages (including sign) used at home or for instruction. It is also appropriate to collect information on environmental factors, such as the student's living situation, other persons in the household, and special directions for contacting the parents.

II. PRENATAL HISTORY

Objective: to gain information about mother's pregnancy which may influence child's health or learning.

Typically the prenatal period is the best period of health care (regular medical attention) and health practices (diet and daily habits) for a family. Therefore the data collected in this area may: (a) identify specific indicators of later problems for the younger child; and/or (b) cast light on the family's attitude toward health care practices (i.e., whether preventive or curative).

Topics in this area should include: maternal age at child's birth; child's birth order; number of previous pregnancies/live births; diet, use of medications, tobacco and alcohol and diagnostic tests during pregnancy; and details of any illnesses, complications or injuries during pregnancy.

(The evaluator should note that a prenatal history is only rarely available in the case of an adopted child, even if the adoption agency is contacted directly for his information. In the case of a foster child, the collection of medical/developmental/ health information is mandated prior to placement; the best source for this information is the county department of human services social worker who is supervising the foster placement).

III. BIRTH HISTORY

Objective: to gain information about child's birth which may influence child's health or learning.

The purpose of this component is to identify possible problems at birth, with emphasis on collecting such background information as might be necessary in referring the younger child for futher medical evaluation or services. At a minimum, the evaluator should explore: onset and progression of labor; type of delivery; birthweight of child, whether preterm or postterm and any postnatal complications. The perinatal period-- that is, the period just before, during, and after birth-- is a period of heightened risk for the child, mother and family. Aside from the obvious factors of physical risk inherent in the birth process, there are the factors of heightened emotional stress and major life transition for all family members. Thus the evaluator may also find it useful to touch on the topic of the family's circumstances during this period.

IV. DEVELOPMENTAL HISTORY

Objective: to gain information about child's physical growth and developmental progress which may affect child's learning.

The purpose of this component is to identify physical growth problems (height and weight) and periods of arrested development, particularly in the younger child, as reflected by developmental milestones. The parent(s)' impressions of the child's growth and development are as important as the age at which the child acquired a specific developmental skill. (The evaluator needs to take into account the fact that parents typically will compare their child's growth and development with that of siblings. However, if other children in this family have had growth problems or delayed development in the same area-- a not uncommon occurence, particularly with the development of speech and language-- the evaluator will find it more helpful to ask for comparisons to peers.)

V. HEALTH HISTORY

Objective: to gain information about major health factors which may alter or impede health status, developmental or learning.

The general purpose of this component is to provide an overview of the student's health status. Specific groups of items within this sections should seek to:

A. Fulfill state public health requirements in accordance with Code of Iowa, Chapter 470, Section 7, Subsections 1-10, "Immunization fo Persons Attending Elementary or Secondary Schools or Licensed Child-Care Centers."
B. Specifically identify past health problems.
C. Identify any current health concerns.
D. Identify all sources of health care.
E. Identify any daily medications used.

The evaluator should note both facts and impressions in collecting information pertinent to the student's health history. One reason for this is that an illness may precipitate a period of arrested growth or development or seriously affect the child's social adjustment. For example: if a hospitalization occasions the child's first separation from home, this may result in a period of increased fearfulness or separation anxiety for

the child. Secondly, hospitalization is inevitably a stressor for the family system as a whole and may precipitate a shift of attention within that system or an even major crisis in family adjustment. Finally, one crisis in a family life history often precipitates another. Thus the evaluator may observe that several major life changes have all occurred within a comparatively brief span of time.

VI. FAMILY HEALTH BACKGROUND

Objective: to gain information about familial health conditons which may impact on this child's health status or current home environment.

The general purpose of this component is to identify family life stressors. The specific purpose is to identify the presence of:

A. Conditions of cardio-respiratory system: TB, emphysema, asthma or hay fever; heart attacks, heart murmur, high blood pressure or strokes.
B. Conditions of the digestive system: ulcers and colitis.
C. Conditions of the genito-urinary system: kidney disease resulting in kidney or renal failure.
D. Conditions of the musculo-skeletal system: muscular dystrophy, multiple sclerosis and scoliosis.
E. Neurological conditions: seizure disorders.
F. Other condtions such as cancer, leukemia, diabetes (particularly, onset during childhood or adolescence).
G. Any other familial conditions affecting vison, hearing, speech, mental retardation or mental illness.

VII. DAILY ACTIVITIES/HABITS/LIVING SKILLS

Objective: to gain information about individual and family routines and about the student's self-help skills.

The purpose of this component is to identify factors which usually cannot be observed in the school environment and to obtain an overview of the student's capacity for independent

functioning. In this area the evaluator should explore the child's patterns of sleeping, eating, and toileting and, in the case of school-age children, his/her personal hygiene and self-help skills. Other topics relevant to this area are: provisions for child care; perceptions of the child's activity level; safety practices; and adaptive equipment or special transportation needed.

Towards Interpretation of Data

In interpreting health/developmental information, the evaluator may find it useful to recall the medical dictum that, in diagnosis, the history provides 80 percent of the information needed, while the physical examination provides only 20 percent. The point of this dictum is that effective assessment turns on the ability to recognize patterns. The first step towards interpretation of the data collected is that of drawing inferences from the historical data-- such as looking for repeated illnesses (e.g., bronchitis, pneumonia, asthma) which affect a single body system (in this instance, the respiratory system). Upon completion of data collection, the evaluator will find it useful to:

1. List the actual problems reported to see if any patterns emerge.
2. List the supposed problems reported in a similar manner.
3. Review the responses for indicators of health attitudes (past practices) in order to see whether these provide the basis for any valid inferences about future attitudes/practices.

This review will help the evaluator make a more comprehensive assessment which can, in turn, serve as the basis for an I.E.P.-based plan of intervention.

In this review process, it is recommended that the evaluator pay particular attention to certain standard indicators of the student's health status:

1. Daily medications-- Since this is a significant indicator of health problems, the evaluator should make it a point to identify any prescribed medications or over-the-counter taken by generic or brand name and to establish strength, frequency and time of dosage. (Daily use of over-the-counter remedies should be considered a significant indicator to be further explored. Such usage may indicate a chronic health problem, a somatic condition, or a deficit in parenting skills. Daily use of remedies containing alcohol, such as cough syrup, are a particular concern with younger children.)
2. Allergies-- These disorders are educationally significant in that they affect attendance and impact on the student's performance. The evaluator needs to know to what substances the student is allergic, frequency of onset of allergic reactions, and types of treatment used.
3. Adaptive Equipment-- If the student requires adaptive equipment, the evaluator should identify the type needed and explore both the physical limitations and social impact of this requirement on the child.
4. Idiosyncrasies-- A thorough investigation of health concerns should include identification of chronic problems, even of a minor nature; stress reactions; and individual physical or emotional characteristics (e.g., a missing finger, a tendency toward fainting, or "accident-prone").
5. Health care resources-- The evaluator needs to identify all sources of health care currently used by the student. This is not only valuable information in itself but may also indicate whether the family's attitude toward health care is preventive or curative.

Reporting Health/Developmental Data

The wealth of information collected in compiling the health/developmental history needs to be filtered and reduced to manageable, understandable, pertinent statement. This mass of raw data is virtually undecipherable by anyone other than the original evaluator. In addition, the data may be open to

misinterpretation and is time-consuming to review. Therefore, the final written report should be written in response to the intended purpose for collecting the data and clearly distinguish between facts, observations, and inferences. Such reports should:

1. Focus on problems or issues.
2. Identify assessment methods used/sources of information.
3. Relate educationally relevant findings only.
4. Be clear, direct, succinct and written in the language of the educational setting.
5. State treatment recommendations.

Aside from these formal concerns involving the organization and interpretation of the data collected, there are also issues involving information itself. Here we are referring to the intertwined issues of privacy and knowledgeability. Given the client's right to confidentiality, highly sensitive details-- such as specifics of sexual development, sexual activity, or substance use-- have no place in the final report. Problem areas may be indicated but without revealing the information which is confidential between client and evaluator. Equally important is the evaluator's responsibility to review this information with the client with the goal of explaining the significance of key findings. In our view, the assessment process is both diagnostic (for the multi-disciplinary team) and educational (for student, parent(s) and educators). We also believe that the interpretation of finding to clients should include the student as well, if he/she is older than five years of age.

Conclusion

A uniform, systematic, broadly-focused approach to gathering and reporting health/developmental data is an essential prerequisite for the meaningful use of this component of the diagnostic educational evaluation. The practice guidelines presented here enable the evaluator to identify effectively health/developmental problems and to communicate pertinent

concerns clearly to the student, parent(s) and other professionals. Furthermore, future service providers will have a concise picture of the student's historical development and level of functioning at the time of the diagnostic educational assessment.

References

Blackman, J.A., M.D., editor. Medical aspects of developmental disabilities in children birth to three. Iowa City: University of Iowa, Division of Developmental Disabilities, 1983.

Chinn, P.L., R.N., Ph.D. Child health maintenance, concepts in family-centered care (2nd ed.). St. Louis, C.V. Mosby Co., 1979.

Chinn, P.L., R.N. Ph.D. & C.J. Leitch, R.N., Ph.D. Child health maintenance, a guide to clinical assessment (2nd ed.). St. Louis: C.V. Mosby Co., 1979.

Igoe, J.B., R.N., M.S.N. School nurse achievement program. Denver: University of Colorado, School of Nursing, 1980.

Iowa school nurse training project, serving pupils with special health needs. Iowa City: University of Iowa College of Nursing Continuing Education Program, 1981-82.

Mayfeld, P.M., R.N., M.S.N., Mary Lou Bond, R.N., C.N.N., M.N., M.A. Browning, R.N., M.S.N., and J.C. Evans. Health assessment: A modular approach. New York: McGraw-Hill Book Co., 1980.

Nelson, N., M.D., and H. Britton, M.S. Guidelines for the performance and recording of a health history and physical examination. Denver: Department of Pediatrics, University of Colorado Health Science Center, 1979.

Silver, H.C., H. Kempe, & H. Bruyn. Handbook of pediatrics. Los Altos, CA.: Lange Medical Publications, 1979.

Schemer, A.P., M.D. & I.F. Abrams, M.D. The practical management of the developmentally disabled child. St. Louis: C.V. Mosby Co., 1980.

School nurse handbook. Des Moines, Ia.: Iowa Department of Public Instruction, 1981.

BEST COPY AVAILABLE

Family Assessments: A School Social Worker's Tool for Evaluation

Chuck Brown
AEA 11

Sheri Hays
AEA 11

This article gives an overview of the components of a family assessment. The following issues will be addressed: (1) Why do a family assessment rather than an individual assessment? (2) When is it most appropriate and when is it inappropriate to do a family assessment? (3) What are the uses of a family assessment? (4) What are the implications for treatment and educational programming?

Introduction

One of the primary functions of a school social worker is to assess student's social and emotional functioning. School social workers have typically done this by interviewing and observing students and by interviewing parents to gather

---

Chuck Brown and Sheri Hays are school social workers with Area Education Agency 11. They have been working together and separately with families for several years. They are particularly interested in the area of assessing social and emotional functioning by means of doing a family assessment rather than an individual assessment. They have devised their own assessment questionnaire and have been using it with families for a couple of years.

Journal of School Social Work
Vol. 1, No. 1, Spring 1986, pp. 69-75

information about a student. This article proposes that there is a more efficient method for gathering information about a student in certain situations-- that is by means of doing a family assessment rather than an individual assessment.

What is a Family Assessment

A family assessment is a method of determining how a family functions and how individual members fit into the family. We assume that the user of this assessment method has a basic understanding of systems theory-- an understanding of how the behavior of one member affects all the other members of that same family. (Allen-Meares, Washington, and Welsh, 1986: p. 45).

Doing a family assessment helps identify what the needs of the family are and how those needs affect the child who is referred for evaluation. A family assessment is an information gathering technique-- it is the taking of a family social history rather than an individual social history. The focus of a family assessment is family functioning rather than the functioning of a particular family member.

It is important to understand how a family assessment differs from an individual assessment. In an individual assessment, the social worker focuses on the dysfunction of a particular family member. We gather information about an individual, often learning about only a small piece of the puzzle. The tendency is then to attempt to force the child to behave in a certain way if the referral problem has been of a behavioral nature. Many of us have found that this approach often has a minimal effect on the child's behavior. This is not to minimize the value of an individual assessment. There are times when an individual assessment is more appropriate and these situations will be discussed later.

It is also important to make a clear distinction between the activities of assessment and treatment. Assessment and treatment are two very different activities and we believe that the assessment is a prerequisite to treatment. Again, an assessment is an information-gathering technique out of which come implications for treatment. Impressions formulated when

doing a family assessment can be presented along with other evaluation materials to formulate appropriate recommendations for educational programming.

In the systems way of viewing human behavior, we recognize that no one "acts alone" (Allen-Meares, Washington, and Welsh, 1986: p. 45). Other family members participate directly or indirectly in an individual's behavior. We have found a family assessment to be an efficient means for gathering information. If the family has been involved in the evaluation process, it is often easier to refer the family for appropriate treatment because the family can more easily recognize the problem as being a "family problem".

As school social workers, many of us have had the experience of evaluating a child through an individual assessment (via parent interview, social history, student interview, observation, etc.) and determined that there is significant family dysfunction. We then may recommend family therapy at the time of staffing and meet strong resistance from the family. It seems to us that doing an individual assessment in light of apparent family dysfunction effectively feeds the family's resistance to recommended family treatment.

Rationale

Evaluation procedures seem to vary for a child who is experiencing some type of difficulty achieving success in school (Allen-Meares, Washington, and Welsh, 1986: p. 45). In Iowa, however, we still tend to look primarily at the child in these evaluations. We observe the child in the school setting and interview the parents primarily about how they see their child functioning now as well as in the past.

The treatment approach, when there appear to be emotional or social functioning concerns often tends to be a behavioral approach where we teach the parents and school ways they can force the child to change his/her behaviors. This occurs, at times, with no attempt to look at why a child is acting in a certain way.

There recently has been much publicity over both discipline problems in schools and the shortage of tax dollars. We are

suggesting that a family assessment, rather than an individual assessment, can be a more time-efficient way of gathering more valid data. It is not unusual for a school social worker to spend 45 minutes to one hour interviewing the parents of a child who is being evaluated. That social worker may also spend an hour interviewing that child and another classroom period observing the child. We are suggesting an alternative to those evaluation techniques. By conducting a family assessment, the social worker should gather more valid data and in a much shorter period of time. It is not unusual for parents to directly disagree on how they see their child as functioning. The family assessment offers the social worker the opportunity to see how the child functions and interacts with his/her family. Also, if there is a need for some type of outside support for the child or family, the family assessment process provides a better opportunity for the parents to understand that the child did not get into these behavior patterns by himself. This type of assessment also offers the classroom teacher an opportunity for insight into the systems dynamics operating within the classroom.

When is it Appropriate and Inappropriate To Do a Family Assessment?

We feel it is appropriate to do a family assessment when the classroom teacher or parents report significant behavior problems. There are rarely significant behavior problems at school and not also at home. It may also be appropriate to do a family assessment with the family of an identified disabled child currently being served in a special program if it appears the program is not meeting the child's needs. Even the best of special programs at school can fail if the family is dysfunctional and in need of support. Also, a family assessment can teach the family the importance of a good home/school relationship with mutual support.

We feel it is not appropriate to do a family assessment if a child is referred for an evaluation due to academic difficulties and there is no indication of significant behavioral problems at home or at school.

Family Assessment Instrument

The following are questions we feel the school social worker will need to ask to conduct a family assessment. Please keep in mind that all of the questions may not need to be asked. We have also included questions for the school social worker to consider after the assessment is completed.

A. Family Assessment: Issues to Consider

1. Structure of the family-- who are the members?

2. Brief family history
   a. how did they become a family?
   b. extended family members--who's missing?

3. Why is the family here?
   a. identify problems--duration, intensity
   b. what has been tried?
   c. how would the family like things to be different?
   d. how are children performing in school?
   e. other factors-- health, economic situation, etc.

4. Relationships in the family
   a. who's in charge?
   b. family member's roles
   c. identify dyads, triads
   d. is there a scapegoat?
   e. expectations for one another

5. Communications patterns
   a. family secrets
   b. how are the various emotions communicated, e.g. anger, love, hurt
   c. how does the family problem-solve?
   d. are communications being understood?

6. Rules
    a. what are they?
    b. how were they designed?
    c. how are they changed?
    d. what happens when rules are violated?
    e. how does family reward one another?

7. Family activities
    a. how does family spend time-- together or separately?
    b. participation in society
    c. religious faith

8. Recognition of individuals within the family
    a. special interests of individuals
    b. private time
    c. personal freedom
    d. when must you conform?

9. Family values-- distinguish values from rules
    a. how are values communicated to children?
    b. how much deviation in values is permitted?

10. Expectations-- now and in the future
    a. how would parents like children to behave?
    b. how would children like parents to behave?
    c. what is expected educationally?
    d. how are the children being prepared to leave home?
    e. is the family willing to work toward change?

B. Further Considerations

    a. who gives the information?
    b. any family secrets?
    c. what does this family need-- family treatment, marriage counseling, further evaluation, consultation about parenting skills, referrral to another service agency, etc.

d. what special needs do individuals have-- individual counseling, special education evaluation and possible programming, etc.
e. how is this family emotionally organized-- how do they function?
f. what might prevent this family from changing?
g. what will facilitate desirable change?

The completed evaluation information, when incorporated with the evaluations of the other diagnostic team members, should provide those concerned with the necessary data to make decisions appropriate to the child's needs. We have also found that families who are in need of outside support, such as family therapy, are more likely to seek that support if a family assessment was done.

We also believe that a family assessment can give valuable information that lends itself to educational staffing recommendations and educational programming. The family assessment can be used as a diagnostic tool that helps identify children with behavioral disorders and emotional difficulties. Incorporated with evaluative material from other team members, the family assessment gives the educator valuable insight into a child's behavior as well as identifies appropriate behavioral goals. Because the family has participated in the evaluation process, they may also choose to work specifically on the same behavioral goals at home or at the very least, be more supportive of the school's efforts.

We invite readers to try this method of diagnostic assessment of social functioning.

Reference

Allen-Meares, P, R.O. Washington, & B.L. Welsh. Social work services in schools. Englewood Cliffs, N.J.: Prentice-Hall, 1986.

IG 030871

IOWA SCHOOL SOCIAL WORKERS' ASSOC.

. . . serving home, school, and community

IOWA JOURNAL OF SCHOOL SOCIAL WORK

FALL-WINTER, 1986

VOL. 1, NO. 2

E4

BEST COPY AVAILABLE

EDITORIAL STAFF

Editor
Sallie C. Verrette, MSW
School Social Worker
Heartland AEA
Newton, Iowa

Managing Editor
Marlys Parcell Jordan, MSW
School Social Worker
Heartland AEA
Johnston, Iowa

EDITORIAL BOARD

Jean Purdy, ACSW

Marlys Staudt, MSW
School Social Worker
Great River AEA 16

John Montgomery, Ph.D.
Supervisor, AEA 6

Charlene Struckman, MSW
School Social Worker
AEA 7

Ron Palumbo, ACSW

James G. McCullagh, Ed.D., ACSW, LSW
Associate Professor
University of Northern Iowa

The Journal of School Social Work is a professional publication dedicated to extending knowledge and improving practice of social work in educational settings. The Journal is published semi-annually by the Iowa School Social Workers Association. The subscription rate is $8.00 for individuals and $16.00 for libraries. Advertising inquiries, membership applications, subscriptions inquiries and changes of address should be addressed to Marlys Parcell Jordan, Heartland AEA, 301 1st St. S., Newton, Iowa 50208.

Articles and advertisements do not constitute an endorsement by the Iowa School Social Workers Association.

Fall-Winter, 1986
Volume 1, Number 2

Journal of School Social Work

CONTENTS

Editorial ii

HOME-BASED FAMILY INTERVENTION IN SPECIAL EDUCATION PROGRAMS
Beverly A. Kopper - Roland 1

DIAGNOSTIC REPORTS AND EDUCATIONAL RELEVANCE
Irving Forster 11

THE HOME-SCHOOL COORDINATOR: ONE SCHOOL DISTRICT'S ATTEMPT TO REACH OUT TO FAMILIES IN NEED
Karen Phillips 16

ENCOPRESIS: IT CAN BE CURED
Lorraine Knepper and Ray Sturdevant 23

THE BULLETIN OF THE NATIONAL ASSOCIATION OF SCHOOL SOCIAL WORKERS: A BIBLIOGRAPHY (Part I)
James A. McCullagh 26

BEST COPY AVAILABLE

Editorial: What's next?

Each year, at the beginning of the school year, my agency gathers us all together for an event called orientation. Each year, we are briefed on the latest in forms and procedures. Each year, many of us come away eager to get back to our work and feeling rebellious or angry or at least apathetic towards the "paperwork" and endless discussion of rules and their interpretation. If only we could get at our task of being social workers. If only "they" would leave us alone.

This year, I found myself particularly concerned because of some added duties which I felt were not the domain of social workers, duties that I and many colleagues felt were more properly the domain of others on our interdisciplinary team.

Over and over, I thought, "Someone's got to draw the line. Someone's got to make 'them' understand the value of a social worker as a social worker, not as an assistant consultant or assistant psychologist."

Increasingly, however, I came to realize that my view is parochial. In talking with colleagues, we became aware that we know little specifically about how the role of the school social worker is viewed by other Iowa area education agencies. What are the priorities and how are they set?

Knowledge about each other will help us all in clarifying our objectives and delineating our roles.

Over the next two issues, the Journal will devote a portion of each issue to reporting on what school social workers in Iowa are doing. That is "what's next" for our Journal and we hope that it will set us on a path to a fruitful discussion about what's next for our profession in Iowa.

In this issue, we have four articles which present ideas that should prove valuable to us in our practices. The fifth article is an extensive bibliography prepared by Jim McCullagh. Because of the length of the bibliography, we have decided to publish it in three parts.

We have been encouraged by receiving many requests for information about the Journal from outside Iowa, as well as several articles submitted from outside the state.

My only disappointment has been that no letters to the editor have been received. This is your chance to be heard! Write! Give us your opinions!

SCV

BEST COPY AVAILABLE

Home-based Family Intervention in Special Education Programs

Beverly A. Kopper - Roland

A home-based intervention program was designed for noncompliance in which parents were the change agents for their seven year old mentally disabled son. Prior to reviewing and implementing the behavioral intervention techniques used, significant family stress factors were addressed. Modeling, demonstration, coaching, and concrete examples were used extensively in view of the parents' estimated borderline intelligence. Results showed the treatment plan reduced the number of reminders necessary for the child to clean his room to a range specified as acceptable by the parents. This improvement coincided with teacher reports indicating an increase in the student's on-task behavior, keeping his desk clean, and self-confidence.

Encouraging the home-school partnership begins with the blending of educational and family theory. The contribution of family theory becomes evident upon viewing the focus of intervention and the assessment techniques used. Historically, the individual identified as the client remained the primary focus and was usually the only person who underwent treatment. With the advent of family therapy the symptomatic family member is no longer seen alone. The emphasis of treatment is shifted to examine the interactions of the family as a unit. As stated by Satir (1967), "When one person in a family (patient) has pain which shows up in symptons, all family members are feeling this pain in some way" (p. 1). The importance of the total family is further emphasized by considering a person's symptoms as representative of dysfunction in the family, not dysfunction in that individual alone. Consequently, the person's symptoms are serving some function, not only for him/herself, but for the family as well.

Journal of School Social Work
Vol. 1, No. 2, Fall-Winter 1986, pp. 1-10

These principles have implications for the field of special education. When faced with the prospect of changing a child's behavior in the classroom and developing that student's "Individual" Educational Program, one must consider the student's family. This means directly involving parents and other family members in the intervention plan for that student. It also means exploring the possibility that a child's symptomatic behavior is serving an important function in his/her family - one that will not change until a family matter is dealt with and resolved.

In recent years, increased attention and research have been devoted to training parents as effective change agents for their child's behavior. A number of reports have concluded that parents can provide effective intervention for their children (Graziano, 1977; Muir & Milan, 1982; O'Dell, 1974). Parent training in behavioral techniques and child management skills and subsequent parent intervention have proven effective for a variety of child problems including: autism and childhood psychosis (Dunlap, Egel, Killion, Koegel, Mills & Schreibman, 1978; Graziano, 1974; Miller & Sloane, 1976), mental retardation (Mash & Terdal, 1973; Travormina, 1975), school phobia (Hersen, 1971; Tahmisian & McReynolds, 1971), enuresis (Paschalis, Kimmel & Kimmel, 1972l; Patterson, 1971), seizures (Zlutnick, 1972), self-injurious behavior (Graziano, 1974), encopresis (Edelman, 1971), toilet training (Foxx & Azrin, 1973; Patterson, 1971), asthma (Neisworth & Moore, 1972), obesity (Gillick, 1974; Grace, 1975), antisocial behavior (Patterson, 1982), elective mutism (Nolan & Pence, 1970; Wulbert, Nyman, Snow & Owen, 1973), and negativistic, noncompliant, oppositional, and aggressive behaviors (Bernal, Klinnert & Schultz, 1980; Bernal, Williams, Miller & Reagor, 1972; Forehand, 1977; Forehand, Roberts, Doleys, Hobbs & Resick, 1976; Gardner, Forehand & Roberts, 1976; Hobbs & Forehand, 1975; Hobbs, Forehand & Murray, 1978; Patterson, 1971; Patterson, Reid, Jones & Conger, 1975; Scarbora & Forehand, 1975).

Families With Handicapped Children

Meeting the educational needs of handicapped children must be done in the context of a home-school partnership. Families with handicapped children experience significantly greater levels of stress than families with nonhandicapped children (Beckman-Bell, 1981). Therefore, if a child is initially identified as being at-risk or currently possessing a handicap, then the family should be considered at-risk as well - special needs children have families with special needs.

Considering the significant impact that the educational system has on a child and his/her family, the relationship that is developed (or not developed) between home and school is a critical aspect of the handicapped student's educational programming. Although Public Law 94-142 mandates parental involvement, the current attitude of educatiors suggests little optimism concerning meaningful parental impact on educational planning. This attitude is coupled with a lack of recognition about the benefits of parental involvement in the lives of handicapped children (Yoshida, Fenton, Kaufman & Maxwell, 1978). Pechter (1979) identified the problem as schools being so caught up in the process of trying to meet the mandates of Public Law 94-142, that parental involvement is often lost in the process.

Families whose children are identified as handicapped at school-age may go through a period of knowing the child is slightly different from what they expected, but not knowing the nature of the problem. When parents do not have access to professionals to assist them in developing realistic expectations and strategies to promote the child's development, they may simply give up or worse yet, become abusive (Kempe & Helfer, 1972; Schell, 1981).

If the identification of a child as handicapped is defined as a family crisis, services must be provided that will protect the basic family unit (Bloch, 1978). These services are based on an assessment of the system's internal and external needs. Internal needs would include such factors as a struggle with changing expectations, increased role demands, sibling conflict, and emotional support available within the family. External needs include the family's relationship with extended family, school, and community.

Foster, Berger, and McLean (1981) indicate that child-change goals may not be achieved when school designated goals are in conflict with family goals. When designing an intervention program, they note the importance of assessing the family structure, family hierarchy, and the family life cycle. This approach widens the traditional perspective by assessing the effect of one family member on the entire family system.

Home-based Goals

Home-based goals, i.e. identifying specific behaviors for intervention, provide a focus for involvement with families. The purpose of these goals is to enhance the student's educational performance and the family's level of functioning. The collection of data on a specific behavior also provides a standard for intervention and evaluation.

Families are requested to take a baseline on the specific behavior, which may involve a parent report of frequency, intensity, and/or duration of that behavior. Having the family begin immediately with recordkeeping conveys to them the implicit message that their involvement will be active and that commitment, time, and energy will be needed for change to occur.

Following the collection of baseline data, the family should determine the extent to which the target behavior should be increased or decreased. A review of the baseline data usually aids the family in this process of establishing the desired behavior change. By determining the minimum level of acceptability (how often the target behavior will occur if intervention is successful) and the maximum level of acceptability (how often the target behavior will occur if intervention is extremely successful) the family has established a range of acceptability for the target behavior which focuses their efforts.

Case Study

The client (John-pseudonym) is a seven year old white male identified as mildly retarded and a first grader in a special class with integration for mentally disabled students. John is the oldest child of two children in the family. He has a younger sister, who is four years old.

John's parents have been married for eight years. They both are employed fulltime; John's mother works from 3:00 p.m. to 11:00 p.m. and his father works from 7:00 a.m. to 3:00 p.m. Family finances are adequate, although financial difficulties have been a concern in the past. Both parents were identified as educationally retarded during their academic careers.

John's parents wished to decrease the number of reminders John needed to clean his room. However, before addressing this issue, it was necessary to alleviate their anxiety and concerns regarding: 1) questions from the placement staffing regarding John's educational program, 2) misinformation and fears regarding the meaning of a mental disability, 3) mother's own abusive childhood and its subsequent effects on her parenting, and 4) the terminal illness of the maternal grandmother. These concerns were addressed through the use of family counseling and the initiation of services provided by a school social worker. The counseling provided was very concrete in nature, as insight oriented therapy was considered inappropriate in view of the intellectual level of John's parents. Throughout intervention, extensive use was made of modeling, demonstration, coaching, and concrete examples.

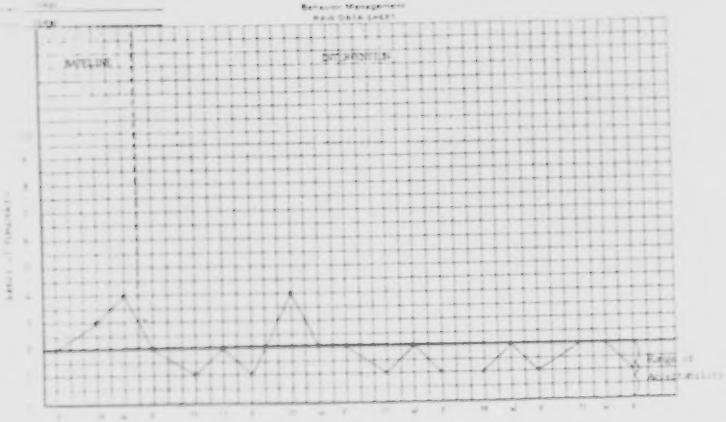
It became evident through interviews with the parents, that John did not have an established time to clean his room. John's father picked the children up at varying times from the babysitter, therefore, John's daily routine was always different. John's parents also had never clearly specified for John exactly what they meant by cleaning his room. In view of this information, the importance of structure for John, being consistent, and following through were discussed and explained to John's parents. John's father agreed to pick up the children at 5:00 p.m. every day. It was agreed that John would clean his room on Monday, Wednesday, and Friday as soon as he got home from the babysitters and before supper. The tasks necessary to clean John's room were clearly specified.

John's parents estimated that John needed five reminders to clean his room. His parents were instructed to take baseline data; to record the number of reminders they gave John to clean his room. It was agreed that John would clean his room before supper on Monday, Wednesday, and Friday. John would complete to parental satisfaction the six tasks necessary to clean his room with no more than two reminders for six consecutive trials. The specified tasks included: 1) pick up toys, 2) pick up papers, 3) pick up dirty clothes, 4) make the bed, 5) sweep the floor, and 6) clean things from under the bed. An initial parental request for John to clean his room was considered as one reminder.

Providing more structure and implementing a behavioral program for John at home coincided with a structured behavioral program for John in the classroom. In an effort to promote generalization to the school setting of the tasks John was completing while cleaning his room, the teacher designated ten minutes prior to lunch on Monday and Wednesday for desk cleaning. This skill was valued as a means of encouraging John to be more organized.

John's progress is shown in Figure 1. The data presented are the number of reminders John needed to clean his room on the designated days (Monday, Wednesday, and Friday). During the baseline phase, John needed two reminders on the first day, three reminders on the second day, and four on the third day. During this phase, John's parents had no specified day, time, or tasks necessary to clean the room.

During the treatment phase, the number of reminders John needed to complete his room decreased to one or two reminders, with the exception of one time when he needed four reminders. This performance level coincided with the parents' range of acceptability -



having John complete the six tasks necessary to clean his room with no more than two reminders.

John's mother reported that when John is asked, "Do you know what you have to do?", he responds with, "Yes, clean my room". John's parents also have reported that his attempts to "out argue" them, have been significantly reduced. It should be noted that John's parents are satisfied with asking John to clean his room. Although they originally specified O reminders as ideal, they feel that giving him this one reminder is acceptable. They did not wish to change the program to have John complete the task with no reminders. At school, John's teacher has reported that he stays on task more, keeps his desk cleaner, and shows more self-confidence.

Discussion

This case demonstrates that the parents of a mentally disabled child who themselves were identified as handicapped during their school careers, can function as change agents for their child's noncompliant behavior. This conclusion supports findings that parents, when trained, can provide effective intervention for their children (Berkowitz & Graziano, 1972; Graziano, 1977; Johnson & Katz, 1973; Muir & Milan, 1982; O'Dell, 1974). Alleviating family stress issues and reviewing and

implementing behavioral intervention techniques were effective in reducing the number of reminders John needed to clean his room. Moreover, this was accomplished with parents of estimated borderline intelligence.

The importance of dealing with family issues prior to implementing an intervention program cannot be over-emphasized. Professionals in special education must help parents with the staffing and labeling process, particularly when the parents have limited reasoning abilities, as was true in this case. Other family issues, in this case the terminal illness of the grandmother and the mother's abuse as a child, were anxiety provoking enough to impair progress focusing on child change. Therefore, it was necessary to address these family issues before moving on to the behavioral program. This underscores the critical importance of the home-school partnership. Meeting the educational needs of handicapped children must be a joint effort by professionals and parents. Developing home-based goals and working with the family unit enhances the student's educational performance and the family's level of functioning as well.

ABOUT THE AUTHOR

Beverly Kopper - Roland, MSW, is a school social worker with AEA 6 in Marshalltown, Iowa..

REFERENCES

Beckman-Bell, P. (1981). Child-related stress in families of handicapped children. Topics in Early Childhood Special Education, 1, 45-53.

Berkowitz, B.P., & Graziano, A.M. (1972). Training parents as behavior therapists: A review. Behavior Research and Therapy, 10, 297-317.

Bernal, M.E., Williams, D.E., Miller, W.H., & Reagor, P.A. (1972). The use of videotape feedback and operant learning principles in training parents in management of deviant children. In R.D. Rubin, H. Festerheim, J.D. Henderson, & L.P. Ullmann (Eds.), Advances in behavior therapy. New York: Academic Press.

BEST COPY AVAILABLE

Bernal, M.E., Klinnert, M.D., & Schultz, L.A. (1980). Outcome evaluation of behavioral parent training and client-oriented parent counseling for children with conduct problems. Journal of Applied Behavioral Analysis, 13, 677-691.

Bloch, J. (1978). Impaired children: Helping families through the critical period of first identification. Children Today, November-December, 2-6.

Dunlap, G., Egel, A., Killion, J., Koegel, R., Mills, J., & Schreibman, L. (1978, November). Parent training versus clinic treatment: Impact on family and child. Paper presented at the meeting of Association for the Advancement of Behavior Therapy, Chicago, IL.

Edelman, R.I. (1971). Operant conditioning treatment of encopresis. Journal of Behavior Therapy & Experimental Psychiatry, 2, 71-73.

Forehand, R. (1977). Child noncompliance to parental requests: Behavioral analysis and treatment. In M. Hersen, R.M. Eisler, & P.M. Miller (Eds.), Progress in behavior modification. New York: Academic Press.

Forehand, R., Roberts, M.W., Doleys, D.M., Hobbs, S.A., & Resick, P.A. (1976). An examination of disciplinary procedures with children. Journal of Experimental Child Psychology, 21, 109-120.

Foster, M., Berger, M., & McLean, M. (1981). Rethinking of a good idea: A reassessment of parent involvement. Topics in Early Childhood Special Education, 1, 55-65.

Foxx, R.M., & Azrin, N.H. (1973). Dry pants: A rapid method of toilet training children. Behavior Research and Therapy, 11, 435-442.

Gardner, H.L., Forehand, R., & Roberts, M. (1976). Timeout with children: Effects of an explanation and brief parent training on child and parent behaviors. Journal of Abnormal Child Psychology, 4, 277-288.

Gillick, S. (1974). Training mothers as therapists in treatment of childhood obesity. Unpublished doctoral dissertation, State University of New York at Buffalo.

Grace, D. (1975). Self-monitoring in the modification of obesity in children. Unpublished doctoral dissertation, State University of New York at Buffalo.

Graziano, A.M. (1974). Child without tomorrow. New York: Pengamon.

Graziano, A.M. (1977). Parents as behavior therapists. In M. Hersen, R. M. Eisler, & P.M. Miller (Eds.), Progress in behavior modification (Vol. 4). New York Academic Press.

Hersen, M. (1971). The behavioral treatment of school phobia. Journal of Nervous and Mental Disease, 153, 99-107.

Hobbs, S.A., & Forehand, R. (1975). Effects of differential release from time-out on children's deviant behavior. Journal of Behavior Therapy and Experimental Psychiatry, 6, 256-257

Hobbs, S.A., Forehand, R., & Murray, R.G. (1978). Effects of various durations of time-out on the non-compliant behavior of children. Behavior Therapy, 9, 652-656.

Johnson, C.A., & Katz, C. (1973). Using parents as change agents for their children: A review. Journal of Child Psychology and Psychiatry, 14, 131-200.

Kempe, C., & Helfer, R. (1972). Helping the battered child and his family. Philadelphia: Lippincott.

Mash, E.J., & Terdal, L. (1973). Modification of mother-child interactions: Playing with children. Mental Retardation, 11, 44-49.

Miller, S.J., & Sloane, H.N. (1976). The generalization effects of parent training across stimulus settings. Journal of Applied Behavior Analysis, 9, 355-370.

Muir, K.A., & Milan, M.A. (1982). Parent reinforcement for child achievement: The use of a lottery to maximize parent training effects. Journal of Applied Behavior Analysis, 15, 455-460.

Neisworth, J.T., & Moore, F. (1972). Operant treatment of asthmatic responding with the parent as therapist. Behavior Therapy, 3, 95-99.

Nolan, D.J., & Pence, C. (1970). Operant conditioning principles in the treatment of selectively mute child. Journal of Consulting and Clinical Psychology, 35, 265-268.

O'Dell, S. (1974). Training parents in behavior modification: A review. Psychological Bulletin, 81, 418-433.

Paschalis, A.P., Kimmel, H.D., & Kimmel, E. (1972). Further study of diurnal instrumental conditioning in the treatment of enuresis nocturna. Journal of Behavior Therapy and Experimental Psychiatry, 3, 253-256.

Patterson, G.R. (1971). Families: Applications of social learning to family life. Champaign, IL: Research Press.

98

Patterson, G.R. (1982). A social learning approach: Coercive family process. Eugene, OR: Castalia Publishing Co.

Patterson, G.R., Reid, J.B., Jones, R.R., & Conger, R.E. (1975). A social learning approach to family intervention: Families with aggressive children. Eugene, OR: Castalia Publishing Co.

Pechter, S. (1979). Exceptional law or law with exceptions. Amicus, 4 (2), 22-26.

Satir, V. (1967). Conjoint family therapy. Palo Alto: Science and Behavior Books.

Scarboro, M.E., & Forehand, R. (1975). Effects of two types of response-contingent time-out on compliance and oppositional behavior of children. Journal of Experimental Child Psychology, 19, 252-264.

Schell, G.C. (1981). The young handicapped child: A family perspective. Topics in Early Childhood Special Education, 1, 21-27.

Tahmisian, J.A., & McReynolds, W.T. (1971). Use of parents as behavioral engineers in the treatment of a school-phobia girl. Journal of Consulting and Clinical Psychology, 18, 225-228.

Tavormina, J.B. (1975). Relative effectiveness of behavioral and reflective group counseling with parents of mentally retarded children. Journal of Consulting and Clinical Psychology, 43, 22-31.

Wulbert, M., Nyman, B.A., Snow, D., & Owen, Y. (1973). The efficacy of stimulus fading and contingency management in the treatment of elective mutism: A case study. Journal of Applied Behavior Analysis, 6, 434-441.

Yoshida, R., Fenton, D., Kaufman, M., & Maxwell, J. (1978). Parental involvement in the special education pupil planning process: The school's perspective. Exceptional Children, 44, 531-534.

Zlutnick, S. (1972). The control of seizures by the modification of pre-seizure behavior: The punishment of behavioral chain components. Unpublished doctoral dissertation, University of Utah.

DIAGNOSTIC REPORTS AND EDUCATIONAL RELEVANCE

Irving Forster

Educational relevance of diagnostic reports should be determined by the major function of the school, that is, structured learning. Three categories of information appear to be universally relevant: energy, motivation, and style. Information in these areas tends to have immediate relevance to teachers who have the primary responsibility for structured learning. Two case examples illustrate the use of these 3 concepts.

A traditional problem for social workers is deciding what information should be included and what excluded in making a useful assessment of a problem situation and a report which expresses that usefulness. Some traditional concepts for doing this include among others: the function of the employing agency, the characteristics of the population being served, and, of course, the nature of the problem being addressed. These broad categories provide some initial boundaries for inquiry but, to be relevant, further specificity is required. In an agency in which social workers determine the function and structure of services, the issue of usefulness is simplified because it is pretty much "built in". In a host agency such as the school in which function and structure are determined by others, the problem includes another layer of variables.

Social workers are most familiar with selecting information useful and relevant to planning social work intervention. This is a basic professional function and we write reports that reflect the connection between diagnostic findings and intervention, i.e. the relevance of diagnostic information to further action. For school social workers, however, diagnostic information of use in planning intervention by the social worker may be relevant to the therapeutic function of the worker but may not be directly relevant to the educational function of the schools we serve.

The major function of the school is to provide structured learning opportunities and to assist students in utilizing those opportunities. For social workers who work in the schools educational relevance of diagnostic findings should be measured primarily by usefulness to that

Journal of School Social Work
Vol. 1, No. 2, Fall-Winter 1986, pp. 11-15

100

function and, more specifically, usefulness to those who have major responsibility, i.e. teachers and administrators. It appears, then, that school social workers must not only develop useful diagnostic findings but must identify for the host agency the specific relevance of those findings.

Three concepts are suggested as organizing categories for both diagnostic inquiry and writing a diagnostic summary about any individual student. They are chosen because each appears directly relevant to structured learning. Following each definition is a partial list of specific areas of inquiry.

ENERGY: The capacity to invest action in goal directed behavior generally and structured learning activities specifically.

- Energy supplies, emotional and physical, including care, support and encouragement from parents, siblings and peers, and health basics.
- Energy drains, emotional and physical, including acute and chronic anxiety, worry, illness, overwork, inadequate sleep, and poor nutrition.
- Energy reserves and storage

MOTIVATION: The degree of compatibility between the requirements of structured learning and the student's current priorities.

- Those elements of the school experience which are most consistently attractive to the student.
- Those elements of the school experience which are most consistently unattractive to the student.
- The amount of satisfaction derived from relationships with teachers and peers.
- Career interests.
- Competing goals and interests.
- The student's perceived alternatives to attending school.

STYLE: The manner in which the student interacts with structured learning tasks and the accompanying social arrangements.

- Subject and activity preferences.
- Preferred sensory channel.
- Capacity for risk taking and response to own errors.
- Competitiveness.
- Manner of utilizing relationship with teacher and peers in structured learning.
- Typical reinforcement interval.
- Stress signals.
- Pacing of work and rest.

Below are two diagnostic summary reports guided by these three concepts. The amount and type of backup material and documentation would vary according to other professional requirements, security of professional reports, administrative requirements, and the local regulatory environment. A list of specific recommendations is not included so that the reader can better assess the educational relevance of the information in its own right. Further elaboration of this kind of information into a list of recommendations may or may not be necessary or useful.

SAM (Age 6, 1st grade referred for underachievement, health, complaints, absenteeism.)

Sam identifies himself as sick and has assumed many of the aspects of the sick role, both at home and at school, characterized by sadness and lethargy. He is reluctant to invest any available energy in standard learning activities unless there is immediate supportive feedback. Separation anxiety is evident in the way in which he avoids attendance. Remaining at home until he is "well" is his current preference. Withholding is a general personality characteristic both physiologically and emotionally. He withholds social engagement as well so that peer relationships do not reinforce attending school and acquiring social skills. He appears to shift between being a "little adult" and "infant". Individual attention by the teacher appears to stimulate infantile needs. He is strained, plodding and deliberate in his seat work with overtones of perfectionism including moderately frequent erasures.

Although the sick role and its regressive variables are regularly reinforced by the parents, it does not appear deeply entrenched. Sam has some energy to achieve academically and enjoys the results even though achievement is incompatible with the sick role. This suggests a general strategy of "regularizing" him in the classroom by maintaining, if not exaggerating, standard expectations and accountability. Unlike other students, individual attention by the teacher will need to follow rather than precede achievement. The teacher may also need to interfere with classmates who may tend to reinforce the sick role or other regressive behaviors. In any event, it is unlikely that Sam will have much consistent energy and motivation for structured learning until the parents cease reinforcement of regression, or Sam is able to make some further separation between home and school.

MARK (Age 13, 7th grade, a learning disability in reading comprehension, borderline verbal IQ on WISC, referred by the LD teacher following a brief runaway and declining academic effort).

Mark has experienced an episode of flight from the burdens of home and school apparently triggered by the anticipated absence of his sister who will be leaving for college. She has been very supportive both academically and emotionally. Mark is a dogged and responsible worker both at home and at school. He has been experiencing regularly decreasing returns in school this year to the point of anticipating failure in two mainstream classes about one month prior to the runaway. He is frightened by the rediscovery of his learning disability and finding that increased hard work will not change it. He is signaling a need for change in his instructional program. Reduced or carefully selected participation in the mainstream will need to be considered. He is currently pessimistic about his future, especially in school, and is drawing unnecessarily negative conclusions from recent experience.

Mark characteristically invests large amounts of energy in doing what he believes other people, especially adults in authority, expect of him. He does this without complaint so that typical distress signals are repressed. It would appear useful to assume that unfinished work, repeated errors, not paying attention, and etc. automatically indicate significant academic difficulty. His unquestioning compliance with the expectations of structured learning provide opportunities for him to be "taught" how to ask for help, complain, take "vacations", pace his effort, reward himself, etc. as a part of how to be a student. He does not need urgings to keep busy or work hard. He will use emotional support and encouragement to maintain energy output. He needs to see a future connected to his work effort in school. Some family adjustment would be helpful in the area of replacing recently lost relationships.

ABOUT THE AUTHOR

Irv Forster, MSW, has been in school social work with Keystone AEA in Decorah since 1975.

REFERENCES

Ball, S., editor. Motivation in Education, New York: Academic Press, 1977.

Costin, L. Removing barriers to learning. Social Work in Education, 1981, 7(3), 2-3.

Dean, R.S. and Garabedian, A. The personality characteristics of the rigid learner. Journal of School Psychology, 1981, 3(19), 143-51.

Dweck, C.S. and Bempechat, J. Children's theories of intelligence: consequences for learning. In Paris, S.G. et al, editors. Learning and Motivation in the Classroom. New Jersey: Lawrence Erlbaum Associates, Publishers, 1983, 239-56.

Fremont, T.S., Seifert, D.M., and Wilson, J.H. Informal Diagnostic Assessment of Children. Springfield: Charles C. Thomas, 1977.

McDermott, P.A. Sources of error in the psychoeducational diagnosis of children. Journal of School Psychology, 2 (19), 31-44.

McDonnell, T.E. Attribution theory and school social work. Social Work in Education, 1 (5), 97-108.

National Council of State Consultants for School Social Work Services. The school social work assessment School Social Work Journal, 3 (1), 51-54.

Nicholls, J.G. Conceptions of ability and achievement motivation: a theory and its implications for education. In Paris, S.G. et al, editors. Learning and motivation in the Classroom. New Jersey: Lawrence Erlbaum Associates, Publishers, 1983, 211-37.

Russell, I.F. Motivation. Dubuque: Wm. C. Brown Co., 1971.

Treger, L. A model for psychosocial assessment. School Social Work Quarterly, 1979, 3 (1), 209-18.

Wellington, C.B. and Wellington, J. The Underachiever: Challenges and Guidelines. Chicago: Rand McNally, 1965.

BEST COPY AVAILABLE

The Home-School Coordinator: One School District's Attempt to Reach Out to Families in Need.

Karen Phillips

The Grinnell-Newburg School Board responded positively to a proposal written by elementary teachers to hire a Home-School Coordinator to serve the three elementary schools in the district. Emphasis in the program is on twenty-five families in the district who are experiencing stress and who are not already receiving services from another agency. The Home-School Coordinator position provides a blending of traditional school counselor and school social worker roles.

Developing the Program

Early in 1985 a project committee consisting of six elementary teachers, an elementary principal, and the district superintendent presented a proposal for a Home-School Coordinator to be hired by the Grinnell-Newburg schools to serve elementary school students and their families who are experiencing stress. The committee had met since the beginning of the school year, surveyed teachers in all three elementary schools, and researched their own district in order to determine what stressors, if any, were evident to classroom teachers in this medium sized district in predominately rural Poweshiek County.

Through informal questioning of their colleagues in the elementary schools, the committee identified 97 students as being in distress in the classroom due to family situation including such factors as: divorce, death of family members, abuse, or economic problems, among other factors.[1]

The proposal for the innovative program was voted on by the school board and passed. The funding was to be sought from a school improvement project which provides for an increase in the district's tax levy for a specified project which will improve the quality of education in the district. This funding is renewable each year through application to the State Department of Public Instruction.[2]

Journal of School Social Work
Vol. 1, No. 2, Fall-Winter 1986, p.p. 16-22

Implementing the Program

In the spring of 1985 I was hired to fill the position, and I began my duties with the onset of the 1985-86 school year. My training is as a family counselor with previous experience as both a public school teacher and a counselor in the Poweshiek County Mental Health Center. I am not a certified school guidance counselor.

I began by acquainting the teachers in the three buildings with my program and explaining the referral process as well as the types of student problems which would be appropriate for referral. I was not to serve Special Education students whose needs, it was generally felt, were being met by A.E.A. 6 personnel. I should also point out that this school district lost its elementary guidance counselor several years ago due to funding cuts in the district. Therefore many had felt that regular education students who were experiencing stress and did not quality for an existing special program, had no support beyond the classroom teacher and the Jr. High counselors who were on call.

Referrals were from teachers[3] and principals initially; however parents began to self refer after they began to hear about the program through the media. The students and their families accepted into the program (maximum number to be 25 at one time) could receive a variety of traditional counseling and social work services, but the emphasis and original intention of the program was to include a great deal of contact with parents through home visits and other direct contacts.

In addition to the work with individual families, the program calls for small group counseling aimed at meeting special needs in the school setting. In the first year of the program, for example, I offered two special classes: One was a divorce class for 3rd, 4th, and 5th grade students whose parents were divorced or separated. Students were recommended by their teachers, and parent approval was sought at parent-teacher conferences. A second class, available to 4th and 5th graders in another school, focussed on social skills. Again, the teachers selected the students for the classes, with about half the students identified as "target" students whose social skills we hoped to improve. The rest of the classes were filled in by students who were already experiencing success with peer relationships.

These small group sessions were held once each cycle (out of a six day cycle) during the students' lunch and noon recess. The groups ate lunch together with me in a private meeting place. After eating together, we continued our discussion for another half hour. The students had to agree to give up the lunch recess once a cycle in order to be in the group. No one turned down the opportunity.

At the end of the first year, the program was evaluated by parents who participated as well as all teachers in the three schools. Adjustments are being made based on the comments and recommendations in the

responses top an evaluation questionnaire.

In the second year of the program the referral process remains the same, but more small group classes will be available in all three elementary buildings. In addition, parenting classes are starting for parents of all elementary school children who wish to join. One class is at night, and a second class is during the afternoon. The district has purchased the S.T.E.P. (Systematic Training for Effective Parenting) program and multiple copies of the parent handbook which will be on loan to the participants.

Strengths of the Program

Because there are not Home-School Coordinators in every school district, there are not pre-conceived notions as to what the duties of the coordinator should be.[4] This has allowed me a lot of freedom to develop the program in the way that would best serve the needs in our school district.

Another strength of this model is the blending of the counseling role and the social work role within this position. Counseling activities are a major expectation of the job description, but the coordinator does not have to fall into many of the testing and other administrative tasks which can be very time-consuming to the typical elementary counselor. The social work aspects of the position are the involvement with the parents, the home visits, and the coordination of services within the community. Because this position did not require a particular endorsement, the district was able to look for the particular blend of educational background and experience they felt would be most effective for the coordinator.

My experience in the first year of the program has been that parents have generally been very receptive to my intervention with their child. I believe this is due to the fact that I am a school employee, rather than a professional from an outside agency. There is a definite advantage to being a part of the school system in terms of parental acceptance and trust. This is, to a great extent, the reason for the success of the program.

Conclusion

The Grinnell-Newburg School District has made an innovative step in attempting to reach out to families within its communities and offer support during a time of increasing family stress in Iowa. The Home-School Coordinator program has proven to be an effective intervention available within the local school system to families who might not have otherwise qualified for any existing program or service.

ABOUT THE AUTHOR

Karen Phillips, M.A. in Counseling Psychology, is currently Home-School Coordinator for the Grinnell-Newburg Schools. She has a private practice in marriage and family counseling and has been a mental health counselor at the Poweshiek County Mental Health Center.

Footnotes:

1 Proposal to Grinnell-Newburg School Board, February 6, 1986. Complete list of stressors is as follows with numbers indicating students having the problem listed.

1.	50	Divorce in the family
2.	7	Death in the family
3.	81	Unstable home environment
4.	26	Possible abuse in the home
5.	30	Possible neglect in the home
6.	58	Problems with peer relationships
7.	26	Problems with sibling relationships
8.	36	Economic problems in the family (see sheet 2 for an indication of economic conditions)
9.	1	Problem with foster children in the home
10.	1	Problem with step parents
11.	43	Living in a single parent family
12.	20	Unrelated adults living in the home

2 The Grinnell-Newburg School District funds its Gifted and Talented Program this way as well.

3 I received my first referral from a 1st grade teacher at Davis on the third day of school. The problem was crying throughout the day from a boy who had not demonstrated any school phobia in Kindergarten the previous year.

4 The following job description was written in February, 1985. This description is due for revision this year as the committee attempts to formalize the evaluation procedure.

GRINNELL-NEWBURG SCHOOL

Job Description For

HOME-SCHOOL COORDINATOR

1. The Home-School Coordinator will provide services to all three elementary buildings - within a six day cycle spend three days at Davis Elementary, one day at Fairview, one day at Bailey Park, with the sixth day open for new referrals, office work, meetings, and other responsibilities. The main office will be at Davis Elementary School.

2. The elementary building office secretary will always know the whereabouts of the Home-School Coordinator.

3. The Home-School Coordinator will prepare a simple referral form to be used by classroom teachers.

4. The Home-School Coordinator will meet with teachers who submit a referral as soon as possible.

5. The Home-School Coordinator, recognizing there are many students who need help, will arrange a program to deal with the twenty-five students most in need of his/her services.

6. The Home-School Coordinator will meet with the parents in the home.

7. The Home-School Coordinator will strive to establish rapport and a good working relationship with students.

8. The Home-School Coordinator will develop a written PLAN OF ACTION for the students in conjunction with teachers and parents which is to be supported by all parties.

9. The Home-School Coordinator will work with students on an individual basis to help resolve personal problems related to school, health, family, home, or emotions. (Meet once a cycle as a minimum).

10. The Home-School Coordinator will conduct group counseling activities to provide information and support about family, school, social relations and school achievement. Groups are not to exceed five -- meet twice a cycle if possible.

11. The Home-School Coordinator may not follow a typical 8:00 A.M. to 4:00 P.M. workday, but will be expected to fulfill a normal educators workweek.

12. The Home-School Coordinator will be directly responsible to the building principal who will serve as evaluator.

13. The Home-School Coordinator will be placed on the regular salary schedule.

14. The Home-School Coordinator will develop an evaluation program to be completed by teachers and parents.

15. During April of each school year the Home-School Coordinator will meet with teachers and building administrators to plan modifications to the program in the following year.

16. The Home-School Coordinator will be an outgoing person who will enthusiastically spread the good news of our new program to the community.

17. The Home-School Coordinator will visit the classrooms of the student in the program.

18. The Home-School Coordinator will maintain informal contacts with students in various settings including playground, lunchroom, and other less structured situations.

19. The Home-School Coordinator will be responsible for the material and equipment assigned to his/her area of responsibility. Maintains an inventory of same and provides for adequate machine care and usage.

20. The Home-School Coordinator will maintain accurate and complete records as required by law, district policy, and/or administrative regulations.

21. The Home-School Coordinator will strive to maintain and improve professional competence through professional readings and other means.

22. The Home-School Coordinator will consult with the building principal to discuss concerns or problems dealing with student achievement, classroom situations, building conditions, home-school communications, or any situations involving the total school program.

23. The Home-School Coordinator will strive to implement through philosophy and action the district's philosophy of education and instructional goals.

24. The Home-School Coordinator will share ideas with teachers regarding the instructional environment of the classrooms including instructional strategies, classroom management techniques, communication, and behavioral management.

Encopresis: It Can Be Cured

Lorraine Knepper, MSW
Ray Sturdevant, MD

A child who soils himself either at home or at school is one who greatly concerns all who come in contact with him. A child four years or older, may have encopresis which is defined as repeated, involuntary defecating into clothing. Surprisingly enough, encopresis is a fairly common problem among school children. It is a serious problem for the child as well as his parents, his teachers, and his peers. In spite of a variety of corrective measure (some of them punitive), parents are often unable to correct the problem. Such children, as a consequence, suffer rejection, anger, and frustration in their relationships with those closest to them.

Only a few years ago, there seemed to be little improvement in these encopretic children in spite of all the sophisticated psychiatric therapies that could be marshalled for them. Now there is effective help for such children, non-handicapped, or mildly or severely handicapped. The University of Iowa Medical Center in Iowa City, Iowa has adapted a medical treatment that has proved successful for most of the children if the procedure is followed faithfully by the parents. The relief of being free of soiling is understandably wonderful to the children and all who know and work with them.

Dr. Ray Sturdevant, pediatrician, practicing in Sioux City, Iowa, studied the procedure in Iowa City, and explains encopresis and its treatment as follows:

> The term, encopresis, generally, refers to children who soil their underwear with stool. It usually happens in one of several forms. The first is chronic stool hoarding by emotionally healthy children who have had pain with passing stool in the past, or some sort of trauma associated with toilet training. These children tend to hold stool for prolonged periods of time. This leads to colonic stretching and inefficient defecation. After a while the stool volume becomes so large that the old stool remains up in the colon, soft stool leaking around the outside, and finally ending up in uncontrolled passage.

Journal of School Social Work
Vol. 1, No. 2, Fall-Winter 1986, p.p. 23-25

Another type of encopresis is that associated with psychiatric disease which is much less common. This diagnosis would be considered any time the treatment meets with consistent failure. These children can have extreme psychiatric problems, one of which is associated with an abnormal stooling pattern. For the most part, the procedure described here deals only with the children mentioned first. The second group of children require psychiatric intervention and definitely is not within the realm of general pediatrics.

In addition there are possibilities of medical diseases associated with this stooling pattern. Hirshprung's disease, one of the most common, is a disease wherein the nerves have never been properly formed in the development of the colon, the large intestine. But further discussion of these diseases is not within the scope of this paper.

Treatment for children with the most usual type of encopresis, or stool hoarding, is related primarily to symptom control. Generally, once the symptoms are controlled, a large number of the emotional difficulties associated with these children in school and at home will disappear. After that, the general behavior problems are much easier to manage.

The treatment itself is the use of large doses of Milk of Magnesia and mineral oil for two weeks. The mineral oil is then dropped out, but the Milk of Magnesia is continued for a prolonged period. This is a relatively safe method as the Milk of Magnesia is not an absorbed medication, and it is not a laxative in the true sense of the word. It is a stool softener which leads to increased water in the stool. The mineral oil is very important for the first part of treatment to help pass the very large volumes of stool in the large intestine. The stool must remain soft for about three to six months to break down the past habits of stool holding. Once this has been accomplished, a new pattern of stool passage can be developed. The children can be maintained with minimal Milk of Magnesia or other stool softener. Relapses are common, and, at those times, the children need to have their stool softened again for a short period of time.

Some children are extremely difficult to treat. They occasionally need hospitalization for the initial colonic cleansing that can take as long as two weeks. This is best performed in the hospital as it does have some risk associated with the enemas and laxatives that are used.

In summary, the children must first be identified as having stool hoarding as an adaptive problem rather than a psychiatric or a physica. abnormality. During and after the treatment described above, support and involvement of the family and the school is essential.

Parents and school personnel need to understand what encopresis is and to relate to the children with understanding. If parents are uninformed about what can be done for the child, a referral should be made to the school nurse and/or the school social worker. Very often these children feel very ashamed and embarrassed and attempt to avoid situations that might lead to ridicule and further embarrassment, such as peer group activities, school social events, and overnight visits with friends. Left untreated, the child can be expected to experience negative feelings of self worth, decreased school achievement, and anger, punishment, and rejection by parents, educators, and other caretakers. Although encopresis is treated partly as a medical problem the social, emotional, and adaptive implications of the condition for the child's everyday life in school and at home indicate that the supportive services of the school social worker should be specified and utilized in planning for the child. The joy of seeing what happens to the child free of encopresis is worth working for.

ABOUT THE AUTHORS

Lorraine Knepper, M.A. in social work, has been a school social worker in Sioux City for 23 years.

Ray Sturdevant, M.D., is a pediatrician in private practice in Sioux City, Iowa. He is Medical Director of the Specialized Children's Clinic in Sioux City.

REFERENCE

C. E. Walker and M. C. Roberts. Handbook of Clinical Psychology, New York: John Wiley, 1983. This material was adapted by the University Hospitals in Iowa City, Iowa where Dr. Sturdevant received his training in the treatment of encopresis.

The Bulletin of the National Association of School Social Workers: A Bibliography Part I

James G. McCullagh, Ed. D., ACSW, L.S.W.

Visiting teachers held their first national conference in July, 1916, in New York City. Three years later the second national conference was held in conjunction with the National Conference of Social Work. On June 5, 1919, at the National Conference in Atlantic City, the National Association of Visiting Teachers and Home and School Visitors was organized. The Association existed until September 30, 1955, when it terminated activities and became the School Social Work Section of the National Association of Social Workers (NASW). On October 1, 1955, NASW was formed from the Association, four other professional membership associations, and two other study groups when all seven merged.

The Association's name was shortened in the early 1920's to the National Association of Visiting Teachers. Subsequently, the organization became the American Association of Visiting Teachers in 1919, the American Association of School Social Workers in 1942, and the National Association of School Social Workers in 1945.

Edith M. Everett, president of The National Association of Visiting Teachers, stated the need for a bulletin in its first issue published in December, 1924.

> It is for the purposes... (1) of closer affiliation among our members, (2) of spreading and exchanging information regarding our work, and (3) of making the association serve as far as possible as a standard-setter in such matters as qualification, definition of function, salary, position in the school administrative system, extent of school territory or population covered, and so on, that we plan to have published during the year three or four bulletins....(Everett, 1924, p. 1).

Journal of School Social Work
Vol. 1, No. 2, Fall-Winter 1986, p.p. 26-37

The last issue, 31 (1), was published in September, 1955. The title of the Bulletin has varied as follows: The N.A.V.T. Bulletin, 1 (1) to 1 (4); Bulletin of the National Association of Visiting Teachers, 2(1) to 4(1); Visiting Teacher Bulletin, 4 (2) to 9 (3); Visiting Teachers Bulletin, 9 (4) to 15 (3); Visiting Teachers' Bulletin, 16 (1) to 16 (3); Visiting Teacher's Bulletin, 17 (1) to 17 (2); Bulletin, 18 (1); Bulletin American Association of School Social Workers, 18 (2) to 19 (2); Bulletin National Association of School Social Workers, 20 (1) to 21 (1); Bulletin, 21 (2); and The Bulletin of the National Association of School Social Workers, 21 (3) to 31 (1).

This paper presents a bibliography of articles and other writings that appeared during the Bulletin's 31 year history. The Bulletin was not indexed in Reader's Guide to Periodical Literature, International Index to Periodicals, Public Affairs Information Service, nor the Education Index. This compilation includes all writings with the exception of the listings of officers and membership requirements found in many issues.

During the span of 31 years the Bulletin became a major vehicle for the communication of developments in school social work. With the creation of NASW in 1955, the National Association of School Social Workers and the Bulletin were dissolved. The Bulletin served as a primary source for articles, summaries of papers and presentations at various meetings, including the Association's annual conferences, and as a newsletter for the Association. A separate newsletter was published annually in the early 1930's. On September 19, 1947, the Association began publishing a Membership Newsletter. The last of forty issues was published in September, 1955. The Bulletin, newsletters, various reports, and other documents of the Association maintained in the archives of the Social Welfare History Archives Center at the University of Minnesota provide a rich history of the Association. This bibliography is one piece of the rich heritage of the Association and school social work.

Selected issues, particularly the early ones, were compiled by visiting teacher staff in various cities, committees of the Association, or various organizations. The groups who compiled selected issues follows: National Committee on Visiting Teachers, 1 (1) and 2 (3); White-Williams Foundation, 1 (2); Rochester, New York Visiting Teacher Staff, 1 (3) and 8 (6a, June 1933); the Association, 1 (4), 2 (1), 2 (5), 2 (6), 3 (4), and 4 (1); visiting teachers of the Minneapolis Public Schools, 2 (2); New York City Board of Education, Association of Visiting Teachers, 2 (4); Boston visiting teachers, 3 (1); and, Newark Department of Child Guidance, 8 (4).

Some articles were excerpts or summaries of addresses given at various meetings by the authors. Often the summary was written by someone other than the author. Many articles were also previously presented at a conference or meeting. Often the summary was written by someone other than the author. Many articles were also previously presented at a conference or meeting. Often there was discussion of articles or presentations. In the bibliography these are identified as "Discussion of article by...." In a few instances double citations have been made. When an issue was compiled by a committee or organization, a separate citation is made. The issue's contents is then listed. In addition, separate citations are made for signed articles.

A number of articles were reprinted from other journals. Reprint information is noted. Some articles were reprinted in other journals or books. An especially valuable resource is the work by Lee (1959). She edited Helping the troubled school child: Selected readings in school social work, 1935-1955. Articles reprinted in this work are noted as "Reprinted in Lee". Bibliographies on school social work by Capacchione (1956) and Prawl (1956) include annotations of many articles that appeared in the Bulletin during the period from 1944 through 1954.

The compilation should provide school social workers with a better understanding of the richness of the school social work literature found in the Bulletin. The Bulletin is found in selected libraries. A reference librarian can assist in locating collections and also in obtaining selected articles through interlibrary loan. It is hoped that this bibliography will be useful to researchers who are interested in the historical development of school social work.

BIBLIOGRAPHY

Aitken, William. (Review of) Counseling young workers by Culbert-Smith, 14 (3), 1939, 15.

Alderson, John J. The specific content of school social work, 27 (4) 1952, 3-13. Reprinted in Lee, 36-45.

Allen, Ethel B. Review of The problem child in school by Mary B. Sayles, 1 (4), 1925, 15.

Allen Frederick B. The place of the visiting teacher in a mental hygiene program, 6 (1), 1930, 1-2.

BEST COPY AVA

Alling, Elizabeth. The visiting teacher in the county, 3 (2), 1927, 28-29.

Alspach, Helen V. What a summer course at the Pennsylvania School of Social Work and Health Work meant to me, 3 (3), 1927, 11-12 a.

American Association of School Social Workers. Announcements, 18 (3), 1943, 15; Announcements, program of AASSW at time of National Conference of Social Work, Cleveland, Ohio, 18 (2), 1943, 16; coming events, 18 (1), 1943, 1; new name, 17 (2), 1942, 18.

American Association of Visiting Teachers. Advisory council members, 17 (1), 1941, 15; annual conference: 5 (3), 1929, 4; 6 (1), 1930, 3; annual luncheon: 8 (4), 1933, 4; 16 (2), 1941, 1; annual meeting: 6 (2), 1930, 4; 7 (1), 1931, 4; 7 (2), 1931, 4; 8 (6a), June, 1933, 6; 9 (2), 1934, 8; 15 (1), 1939, 15-16; come to our next meeting, 17 (1), 1941, 1; coming events, 17 (2), 1942, 18; dear members of the A.A.V.T., 9 (4), 1934, 1-2; election of officers, 6 (2), 1930, 3; highlights from the annual meeting, 6 (3), 1930, 3-4; luncheon meeting, 5 (3), 1929, 3; meeting with the Department of Superintendence: 10 (1), 1935, 1; 11 (1), 1936, 20; meeting with the national Conference of Social Work, 14 (3),1939, 12; meeting with the National Education Association: 14 (3), 1939, 13-14; 16 (3), 1941, 1; membership changes, 13 (2), 1938, 15-16; National Conference of Social Work final program report, 15 (3), 1940, 14-15; New Orleans meeting in connection with National Conference of Social Work, 17 (2), 1942, 1; notes on the annual meeting, 8 (6b), November, 1933, 4; panel discussion held during the meeting of the American Association of School Administrators, 15 (1), 1939, 13-14; program, 11 (2), 1936, 1; program annual meeting, 12 (4), 1937, 1; proposed changes in membership requirements, 12 (4), 1937, 1-2; questionnaire: 14 (1), 1939, 15; 14 (3), 1939, 16; regional committee news, 7 (1), 1931, 3-4; regional committee notes: 5 (3) 1929, 3; 6 (1), 1930, 3-4; 6(3), 1930, 2-3; 7 (2), 1931, 3-4; regional conference: 8 (2), 1932, 2-3; 8 (5), 1933, 2; regional meeting to follow luncheon, 8 (4), 1933, 4; regional representatives - 1941-1942, 17 (1), 1941, 15; role of the regional representative in the program of the A.A.V.T., 14 (3), 1939, 1-11; St. Louis meeting, 15 (3), 1940, 12-13; visiting teacher meetings, 16 (2), 1941, 16.

Amidon, Beulah. Rallying round the youngsters, 10 (1), 1935, 10-12. Reprint from The Survey, 70 (8), 1934, 247-248.

Anderson, Pearle E. and Agnes T. Sommer. Team work in school social work, 25 (3), 1950, 23-25, 32. Reprint from Understanding the Child, 19 (1), 1950, 23-25, 32.

LABLE

Arbit, Sandra. Feelings which school social workers must understand, 30 (1), 1954, 28-37. Reprinted in Lee, 438-447.

Articles and books which specifically mention the visiting teacher. 10 (5), 1935, 15.

Auerbach, Aline B. The special contribution of the school social worker in work with parent groups, 30 (2), 1954, 10-16. Reprinted in Lee, 278-284.

Barbee, Margaret. The visiting teacher in the elementary school, 3 (2), 1927, 2-3.

Barr, H. M. Depression and the visiting teacher, 9 (1), 1934, 3-4.

Baskett, Janet D. The visiting teacher in the county, 3 (2), 1927-30-31.

Batschelet, M. Ethel. Editorial, 14 (3), 1939, 1.

_____. Visiting teacher case of young child who refuses to go to school, 22 (4), 1947, 19-20.

Belcher, Esther L. Records and case recording-an important phase of the visiting teacher program, 23 (2), 1948, 11-13.

Bice, Eleanor. Teacher's attitudes toward the introduction of a program in school social work, 18 (1), 1943, 10-11.

Blanchard, Phyllis. Emotional problems and reading disabilities, 11 (1), 1936, 2-5.

Boardman, Rhea Kay. Announcements for N.A.V.T., 3 (1), 1927, 1-3.

_____. Experience in Dr. White's clinic, 3 (3), 1927, 15-16.

_____. Note from the president, 3 (4), 1927, 12.

_____. President's letter: 2 (6), 1926, 1; 3 (4), 1927, 2; 4 (1), 1928, 1.

Boie, Maurine. The family agency and the social worker in the school, 11 (2), 1936, 10-16.

BEST COPY AV

Boston. Volume 3 (1), 1927, focuses on home and school visiting in Boston. The contents follow: Announcements for N.A.V.T. by Rhea Kay Boardman, 1-3; history of school visiting in Boston, 4-7; Girls' high school report, 8-9; statistics of school visiting 1925-26 in Girls' high school, 10-11; a story, 12-14; English high school, 15-19; statistics of school visiting 1925-26 in English high school, 20-21; work in a new district, 22-24; a visitor in the lower grades, 25-26; a visitor in a settlement, 27; report of the meeting of the Home and School Visitors Association on November 20th, 1926, 28-31; home and school visiting in neighboring towns, 32; Home and School Visitors Association, 33.

Boston, Opal. Interpretation of school social work to other school personnel, 26 (1), 1950, 11-19. Reprinted in Lee, 294-301.

_____. School social work in modern education, 25 (3), 1950, 1-3. Reprint from Understanding the child, 19 (1), 1950,1-3.

_____ and Mary Houk. An experiment in summer field work in a school setting, 23 (4), 1948, 23-27.

Bower, Chester L. A Community's concern for its children brings a visiting teacher program to the schools, 22 (4), 1947, 21-28. Reprint from Texas Trends, 3 (1), 1946, 2-9.

Braunstein, Anna. The school social worker and the parents, 25 (3), 1950, 17-19, 32. Reprint from Understanding the Child, 19 (1), 1950, 17-19, 32. Reprinted in Lee, 268-271.

Breidenbach, Julia, Gladys Greisman and Barbara Hall. The integration of school social work and attendance services: II. A description of the Minneapolis program, 26 (3), 1951, 12-20.

Bridgers, Margaret. Contribution of case work to group work as seen by the visiting teacher in public schools, 12 (4), 1937, 10-16.

Brim, Orville G. Training for visiting teacher work, 7 (1), 1931, 1-2.

Brown, Alberta W. Contribution of a school social worker in a junior high school setting, 23 (1), 1947, 16-20.

Brown, Emily Leonard. The responsibility of the visiting teacher for maintaining standards and for the extension of work, 2 (1), 1925, 7-11.

AILABLE

Browning, Grace. Discussion of the articles on school social work by Mildred Sikkema and Florence Poole, 25 (3), 1950, 459-461. (Third article in this issue but same pagination as original article.) Reprint from Social Service Review, 23 (4), 1949, 459-461. Reprinted in Lee, 415-419.

Brubaker, Grace, Gladys Dobson, July Hoffman, Alice Martin and Ruby Nutting. Visiting teachers in a defense program, 18 (2), 1943, 6-9.

Bruce, Claribel E. The contribution of the school social worker to the social development of the child, 22 (3), 1947, 9-13.

Brunot, James. Services for children of working mothers, 18 (2), 1943, 13-15.

Bryant, Clara B. The evolution and broadening concepts of attendance service, 30 (3), 1955, 19-29. Reprinted in Lee, 130-139.

_____. Use of community agencies in school guidance service, 26 (2), 1950, 3-21.

_____. Why keep records?, 23 (2), 1948, 3-10.

Buck, Josephine. What a summer course at Smith College meant to me, 3 (3), 1927, 5-6.

Burling, Temple. The classroom teacher as case-worker, 13 (2), 1938, 8-14.

Burson, Bill. Visiting teachers train: Georgia gears educational system for illiteracy war, 22 (4), 1947, 6-10.

Camp, Frederick S. Visiting teacher certification, 9 (2), 1934, 8.

Carson, Margaret. Discussion of "Some elements...." by Smalley, 26 (4), 1951, 14-19.

Castendyck, Elsa. The relationship between the visiting teacher and other child-welfare workers in the community, 14 (1), 1939, 1-10.

Certification requirements for visiting teachers or school social workers, 22 (3), 1947, 57-60. (From the column For your information.) See For your information, 22 (4), 1947, 45 for correction regarding Pennsylvania.

Cochran, Mary Lue and A. R. Meadows. The social case work approach to rural school attendance in Alabama, 12 (2), 1937, 3-6.

Coleman, Jules V. Meeting the mental health needs of children in school today: Psychiatric implications for the practice of school social work, 27 (1), 1951, 3-13. Reprinted in Lee, 158-167.

Collins, Regina and Adeline Jesse. Discussion of article by Coleman, 27 (1), 1951, 19-23.

Colteryahn, Clara M. Multiple facets of the school social workers's role: Direct help to children and parents, 29 (2), 1953, 3-9.

_____. Relating school and community services, 26 (2), 1950, 22-27. Reprinted in Lee, 385-390.

Concerning books. 13 (3), 1938, 15-16.

Conferences. 5 (1), 1929, 2-3.

Conferences on scholarship funds. 8 (5), 1933, 3-4.

Cook, Ethel Valet. Connecticut child welfare association and visiting teacher work, 9 (2), 1934, 7-8.

Correction. 13 (3), 1938, 6. (Credit now given to F. Poole instead of E. Reynolds for the discussion of "Some implications...." by Smalley.)

Cowles, Clarence P. The visiting teacher and the juvenile court, 3 (4), 1927, 17.

Cox, Cordelia. Discussion of "Essentials of a training...." by Janvier, 24 (2), 1948, 12-14.

_____. The visiting teacher and community resources, 22 (3), 1947, 26-32. Reprinted in Lee, 379-385.

_____. The Visiting teacher and the home, 23 (1), 1947, 3-8. Reprinted in Lee, 272-277.

_____. The visiting teacher and the school, 22 (3), 1947, 19-25. Reprinted in Lee, 288-293.

Cox, Rachel Dunaway. The dynamics of the counseling situation, 24 (3), 1949, 18-25.

Crews, Allie. Practical problems in social work in public schools, 9 (3), 1934, 7-8.

Cromack, Isabel W. Relating visiting teacher services to other special services in the school, 26 (2), 1950, 28-32.

Culbert, Jane F. Concerning records, 9 (2), 1934, 1-2.

_____. Harriet Johnson, 9 (2), 1934, 8.

Dengler, Paul. The future of public education, 5 (2), 1929, 1-3.

Dewey, Rena F. Practical problems in social work in public schools as seen by a psychiatric social worker, 9 (3), 1934, 4-5.

Dobson, Gladys. See Brubaker, Grace.

_____. The integration of visiting teacher service in a high school, 26 (4), 1951, 20-26.

Dortort, Fran. A counseling teacher looks at her first year of training and experience, 30 (1), 1954, 38-39. Reprint from Newsletter of the Philadelphia Teachers Association, December 1953, under the title, "Counseling teacher finds treasure in her first year."

Douglass, Esther K. The integration of school social work and attendance services: IV. A description of the Pittsburgh program, 26 (3), 1951, 27-31.

Downs, Frances. News items, 11 (2), 1936, 19.

Drew, Julia K. ("function of the visiting teacher." Presented at Round Table II followed by discussion.), 2 (6), 1926, 15-18.

_____. The school's responsibility in a community relief program, 8 (5), 1933, 3.

Echols, Polly. A "fireside chat" with the president: Greetings and hello to each one of you!, 14 (2), 1939, 1-4.

_____. St. Louis meeting, 15 (3), 1940, 12-13.

Eddingfield, Ina. D. Visiting teachers in conference: Conference at Atlantic City, February 25, 1935, 10 (2), 1935, 1-2.

Editorial. 10 (5), 1935, 1; 14 (3), 1939, 1.

Editorial Comment. From 23 (2), 1948 through 31 (1), 1955, on page 2.

Editorial Comments. 18 (1), 1943, 11-12.

Editorial Note. 30 (4), 1955, 2.

Editor's Notes. 15 (2), 1940, 16.

Eggleston, Philippa. Methods of integration between the clinic team and the school social worker in a variety of settings: The role of the clinic social worker in relation to the school child, 29 (4), 1954, 28-35. Reprint from the Journal of Psychiatric Social Work, 23 (2), 1954. 86-90.

Emery, Van Norman. The progress of social work and mental hygiene in the schools, 5 (3), 1929, 1-3.

Evans, Marian. Adventures in leisure, 8 (1), 1932, 2.

Everett, Edith M. (Comments), 14 (1), 1939, 16.

_____. Editorial, 10 (3), 1935, 1.

_____. Memberships, 9 (4), 1934, 12.

_____. N.E.A. recognition, 2 (5), 1926, 11.

_____. Opportunities in teacher training for developing social attitudes toward the child, 4 (2), 1928, 1-2.

_____. Review of "The prevention of delinquency" by Alfred Adler, 10 (5), 1935, 13-14.

_____. Social work in the school: Value to the child of case work services, 16 (P1), 1940, 1-12.

_____. To the members of the N.A.V.T. 1 (1), 1924, 1; 1 (4), 1925, 1.

_____. To the members of the National Association: 2 (1), 1925, 1; 2 (5), 1926, 2.

_____. The training of the visiting teacher, 2 (1), 1925, 14-15.

Ferguson, Bertha (ed.). See Minneapolis Public Schools Visiting Teachers.

Fiction for social workers. 10 (5), 1935, 11.

For your information. 21 (2), 1946, 11; 21 (3), 1946, 15; 22 (1), 1946, 13; 22 (2), 1946, 17; 22 (3), 1947, 54-60; 22 (4), 1947, 43-45.

Ford, Mildred P. Is the hope of peace legitimate?, 21 (2), 1946, 1-10.

Foreword. 8 (6a), June 1933, 2; 8 (6b), November 1933, 1; 11 (2), 1936, 2; 11 (3), 1936, 1; 12 (1), 1936, 1.

French, Lois Meredith. The role of the visiting teacher in group relationships, 11 (3), 1936, 1-14.

_____. Where we went wrong in mental hygiene, 28 (3), 1953, 12-22.

Gaffney, Matthew P. Meeting the needs of youth, 29 (3), 1954, 3-13. Reprint from The Bulletin of the National Association of Secondary-School Principals, 37 (194), 1953, 371-379.

Gallagher, Alice. Casework with children in a school setting through the media of play, 28 (1), 1952, 19-31. Reprinted in Lee, 233-246.

Galloway, Ethel E. Visiting teachers and attendance, 25 (3), 1950, 20-22. Reprint from Understanding the Child, 19 (1), 1950, 20-22.

Garrigus, G. Bernice. Casework method: An elementary school child, 28 (4), 1953, 8-19. Reprinted in Lee, 247-258.

Gartland, Ruth. Community conditions that cause an increase in juvenile delinquency, 19 (1), 1944, 1-10. Reprinted in 19 (2), 1944, 9-17 because of errors which appeared in the earlier issue.

_____. Cooperative services in case work and group work, 13 (4), 1938, 6-11.

_____. Discussion of article by Krugman, 22 (1), 1946, 9-12.

_____. The responsibility of community service organizations to children, 21 (3), 1946, 2-6.

BEST C

Gath, Gertrude V. Experience in Dr. Healy's clinic, 3 (3), 1927, 13-14.

Geller, Ruth. See Palmeter, Helen L.

_____. Discussion of article by Houwink, 22 (4), 1947, 39-42.

Geographical distribution of inquiries in year 1946. 22 (3), 1947, 55. (From For your information.)

Goldman, Rose. Discussion of article by Coleman, 27 (1), 1951, 14-18. Reprinted in Lee, 167-171.

_____. Mental hygiene looks at education, 30 (3), 1955, 12-18. Reprint from the Journal of the National Association of Deans of Women, 17, March 1954, 119-125.

_____. Methods of integration between the clinic team and the school social worker in a variety of settings: Some aspects of the integration of school social work into the clinic team of a school system, 29 (4), 1954, 22-28. Reprint from the Journal of Psychiatric Social Work, 23 (2), 1954, 82-86.

Goller, Gertrude. Approaches to work with parent groups in school settings, 30 (2), 1954, 3-9.

Goslin, Willard E. (My point is this...), 22 (3), 1947, 3.

Gould, Catherine A. Case illustrating the use of direct personal or psychological treatment, 12 (3), 1937, 11-16.

Grace, Alonzo G. The visiting teacher, 14 (2), 1939, 8-11.

Graeper, Olga. See Palmeter, Helen L.

(The remainder of this bibliography will be published in subsequent issues.)

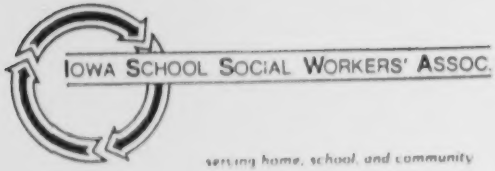
ABOUT THE AUTHOR

James G. McCullagh is Associate Professor in the Department of Social Work, University of Northern Iowa, Cedar Falls, Iowa.

PY AVAILABLE

126

BEST COPY AVAILABLE



MANUSCRIPTS. Contributions are welcomed and may be submitted to S. Verrette, Heartland AEA, 301 1st Street South, Newton Iowa 50208. Send a typed original and three (3) copies. Please attach an abstract of approximately one hundred (100) words and a vita of approximately fifty (50) words. The author should retain a copy in case of loss through the mail.

Manuscripts will be reviewed anonymously by the editors and the members of the Advisory Board. Authors will receive notification of acceptance. Unless a manuscript is accompanied by a stamped, self-addressed envelope, it cannot be returned to the author.

SUGGESTIONS TO CONTRIBUTORS: Manuscripts may deal with school age children, school staff, community, coordination or programs and research. All submissions should be applicable to social work in the schools, and preference will be given to those focusing on practice issues. All manuscripts should follow the 1983 APA (American Psychological Association) style. Footnotes, where necessary, should be set at the end of the text.

Articles and essays may take the form of research articles, case studies, descriptions of special projects, formulations of practice techniques, interviews, etc. In no case should articles exceed twelve (12) double spaced typewritten pages. Footnotes are discouraged, whenever possible, documentation should be embodied in the text.

Brief notes may be the form of practice aids - such as minibibliographies or resource lists - or of reviews of pertinent books, journals, or in-state workshops by major practitioners. The occasional literary piece may be considered when it concerns issues of significance to social workers. Notes longer than four (4) double spaced typewritten pages will not be considered.

Journal of School Social Work
Heartland AEA
301 1st St. South
Newton, Iowa 50208
USA

IOWA SCHOOL SOCIAL WORKERS' ASSOC.

. . . serving home, school, and community

IOWA JOURNAL OF SCHOOL SOCIAL WORK

SPRING-SUMMER, 1987

VOL. 2, NO. 1

OG 0 3083 1

EDITORIAL STAFF

Editor
Sallie C. Verrette, ACSW
School Social Worker
Heartland AEA
Newton, Iowa

Managing Editor
Marlys Parcell Jordan, MSW
School Social Worker
Heartland AEA
Johnston, Iowa

EDITORIAL BOARD

Jean Purdy, ACSW

Marlys Staudt, MSW
School Social Worker
Great River AEA 16

John Montgomery, Ph.D.
Supervisor, AEA 6

Charlene Struckman, MSW
School Social Worker
AEA 7

Ron Palumbo, ACSW

James G. McCullagh, Ed.D., ACSW, LSW
Associate Professor
University of Northern Iowa

The Journal of School Social Work is a professional publication dedicated to extending knowledge and improving practice of social work in educational settings. The Journal is published semi-annually by the Iowa School Social Workers Association. The subscription rate is $8.00 for individuals and $16.00 for libraries. Advertising inquiries, membership applications, subscriptions inquiries and changes of address should be addressed to Marlys Parcell Jordan, Heartland AEA, 301 1st St. S., Newton, Iowa 50208.

Articles and advertisements do not constitute an endorsement by the Iowa School Social Workers Association.

Spring-Summer, 1987
Volume 2, Number 1

Journal of School Social Work

CONTENTS

Editor's Note ii

Editor's Report — Sallie C. Verrette

Statewide: Issues and Trends — Jim Clark

Survey of School Social Workers — Al Flieder, Heather Henderson

School Social Work: An Overview — Paul Alexander, Tom Adams

The Bulletin of the National Association of School Social Workers: A Bibliography (Part II) — James G. McCullagh

Editor's Note

It is with a great sigh of relief and a feeling of real joy that I prepare to take this third issue of the ISSWA Journal to the printer.

I believe very strongly in the value of the Journal and want very much to see it succeed. We are fortunate in Iowa that our state association wants to see the Journal succeed and provides both financial backing and moral support.

Why then do I worry about the future of the Journal? Very simple. No articles submitted will mean no Journal to pubish. I am sure there are many "out there" with either ideas for articles that you haven't gotten around to writing or with articles written for which you haven't yet found a publisher.

The variety of articles included in this issue may be encouraging to those trying to decide on whether their ideas may be publishable. We lead off with an editor's report, a followup to issues raised in the last Journal editorial. Next we have report from Jim Clark, a regular contributor on statewide issues and trends, followed by a report from Al Flieder and Heather Henderson on a survey of school social workers. Next is an article by Paul Alexander and Tom Adams describing the work of the school social in an individual case. We hope that Paul will continue with more individual case studies in subsequent issues. We conclude with the second of three parts of Jim McCullagh's bibliography.

We think the mix is an interesting one. But we want more!!!!

SCV

EDITOR'S REPORT

Sallie C. Verrette

In the spring of this year, the fourteen supervisors of school social workers in Iowa were sent a list of thirteen social work tasks and asked to prioritize them. The list of items was one used in Heartland AEA in the fall of 1986. The following activities were included in the list:

1. Special education assessment.
2. Emergency/crisis intervention, e.g. child abuse/neglect, suicidal threats, etc.
3. Liaison/brief counseling with parent.
4. Prevention/growth enhancement in classroom or community, e.g., drug abuse, parent groups, student support programs, etc.
5. Referral to outside agencies.
6. Teaming with special education and local school staff.
7. Program development of needed services to the community.
8. Individual counseling with students and parents.
9. Group counseling with students and parents.
10. Consultation with local school staff.
11. Case management.
12. Case management and services to the school.
13. Teacher inservice.

Eleven supervisors responded and several added useful comments which ranged in length from a few paragraphs to fairly lengthy statements. In this report, the prioritization of the tasks will be briefly described and some of the comments will be included.

Of the thirteen social work tasks listed, there were five that received no ranking higher than six. These items were numbers 4, 7, 11, 12, and 13. The remaining items were then ranked by using a weighted system: an item ranked 1 was given a weighted ranking of 5, a 2 equaled 4, a 3 equaled 3, a 4 equaled 2, a 5 equaled 1.

The result was the following ranking of the priorities:

SSW TASKS	NUMBER OF RESPONDENTS	WEIGHTED RANK
Individual counseling	10	33
Group counseling	10	28
Spec. Ed. Assessment	10	28
Teaming	9	28
Liaison with parents	10	20
Consultation w/local school	9	17
Referral to outside agencies	10	11

Journal of School Social Work
Vol. 2, No. 1, Spring-Summer, 1987 p.p. 1-6

The rankings show a degree of consensus in the areas of top priority with individual counseling clearly the top priority overall. However, the comments made by the individual supervisors demonstrate equally clearly that the tasks themselves as well as the priorities are interpreted in a variety of ways, particularly in the area of special education assessment. The cover letter to the supervisors also asked the question whether school social workers are routinely involved in each assessment. The following comments are excerpted from the supervisor's replies:

LaVERNE R. MOSHER
KEYSTONE AEA 1

In our agency, as part of the required process..., school social workers are involved in some way in all special education placements. The extent of this involvement would be greatly dependent upon the handicapping condition and the team assessment of the need for more in-depth involvement. An example of this would be in BD placements. I would say that the school social worker would be the key staff member involved. However, in LD placements the involvement would vary greatly dependent upon the social factors impacting the diagnosis and placement.

In all diagnostic and educational placements, the school social worker is expected to submit a statement for inclusion in the final D&E report. This statement, again, would vary from one paragraph to three pages dependent upon involvement in the case.

THERESA GOLDEN
AEA 3, LAKELAND

School social workers are not routinely involved in each evaluation of special education students. Referrals are generally discipline specific initially. Primarily, referrals to social workers are for assessment for emotional/behavioral/social concerns. All potential BD referrals are assessed both by the school social worker and school psychologist. Each evaluation is viewed separately and an individual decision on what type(s) of assessment will be used.

Generally, social workers do parent/teacher interviews as well as student interviews. Additionally, behavior rating scales are administered as well as other referral specific scales. Sociometrics and additional social/emotional assessments can be routine. Typically, behavioral observations take place and possibly a file review. Social histories may be used to gather further needed information. Reports need to be on file for each student referred

documenting the assessment that has taken place. Reports on students who are behaviorally disordered are more specific and denote results in mandated areas.

Other general areas of evaluation school social workers are involved in include preschool child find clinics, kindergarten readiness testing, and referrals to outside agencies for more extensive psychiatric or family based assessment.

RALPH SCHULTE
ARROWHEAD AEA 5

It is very apparent from state law and state funding that school social workers in AEA's are devoted to Special Education. Services such as crisis intervention, prevention, etc., must be a low priority unless the social worker is funded from general education and none I know to date are.

If school social workers want to do self-help groups, divorce counseling, etc., they should go to other states as that is not the intent or direction of school social work in Iowa, as funded. I think more and more we need to do some "early intervention" as pre-referral;. but part of the "state social worker identity crisis" is related to the fact that some school social workers do many things they should not do and supervisors have not cut out a common core.

JACK MONTGOMERY
AEA 6

Promoting the physical, psychological, and social well-being of children is generally considered a major goal and responsibility of school social workers. Since a sense of well-being is often determined by a child's interaction with the environment, both the interface between the child and his/her surroundings, and the child's resultant feelings, are legitimate areas of investigation and change.

In AEA 6 we would hope, and expect, that each school social worker is sufficiently motivated, and trained, to systematically explore those variables that will impact on learning. School social workers don't often work directly in the cognitive domain (active classroom teaching) so their endeavors are usually geared, indirectly, to the production of learning in the affective arena.

We have not routinely involved school social workers in each evaluation for special education placement-with the exception of those children suspected of having behavioral problems. But, as the

idea of systematically measuring causal relationships between factors presumed to influence learning takes hold, the practice of involving school social workers in each evaluation becomes more enticing.

The word routine, frankly, has been a barrier word for us. No evaluation or case should be routine. If one can say I have checked off all reasonable factors e.g., age, skill, motivation, etc., and found nothing that would appear to significantly retard or diminish learning, then it would seem the approach had not been "routine" but, rather, analytic. If hypotheses are not generated, within some model or framework-even one's own, and systematically rejected, then it will be difficult to specify those variables that need to be changed to facilitate learning.

It would seem we have built a case for including school social workers in every evaluation. If resources were not an issue, we probably would. However, some constraints are that we are relatively few in numbers and are still engaged in the entire gamut of activities that school social workers are trained to do and sometimes just conscripted to do. Our social workers, spend a great deal of time in intervention activities and, in all honesty, by not requiring them to be involved routinely in every evaluation, we believe quality and quantity of service can be more effectively controlled and balanced.

CHARLENE STRUCKMAN
AEA 7

Social workers at AEA 7 participate on multidisciplinary teams doing special education assessments for students with all disabilities. However, school social workers are not involved in every special education assessment at AEA 7. Each social worker maintains at least partial control of which referrals they will be on by participating in the pre-referral process. Usually social workers are involved in an assessment when there are behavioral, social or emotional concerns, or when environmental or cultural factors may be involved. In the assessment social workers may interview the teacher, the student, or the parents, may review the record, may observe the student, or may communicate with outside agencies involved with the student, depending upon the questions raised through the evaluation process.

Social workers are involved in follow-up with students identified as educationally disabled in a number of ways. The student may be placed on the school social worker's roster and served directly through group or individual counseling, through consultation with the teacher, or through counseling with the student's parents.

student's parents. School social workers follow up less directly by participating on the educational team that serves the student's classroom if he or she is placed in a resource room or self contained special class. In these programs social workers meet with the teacher and the rest of the team to develop behavior management strategies, respond to crisis in the student's family that may significantly affect school performance, cope with crisis at school, and plan affective skill development in the classroom.

School social workers are available to students in regular education by participating on pre-referral teams that assist teachers to resolve problems prior to making a special education referral on behalf of a student.

There are a number of special social work assignments at AEA 7. Two of these assignments are in severe behavioral disabilities programs. The school social worker in one of these programs does a lot of crisis intervention, while in the other program the social worker does therapeutic groups and family counseling. In both programs the social worker participates on the multi-disciplinary team that works with the teacher to provide the student's special program.

Another school social worker is assigned four days a week to a special facility serving students with moderate to severe and profound mental disabilities. The social worker in this program consults with teachers and outside agencies, does social skills training in the classroom, and participates in transition planning.

AL FLIEDER
GRANT WOOD AEA 10

Basically, our priorities are to do intervention at full service with educationally handicapped pupils; the younger and more at risk of educational failure, the higher the priority. We are doing more on child study teams. Other activities take place as time allows.

GARY LEWIS
AEA 12

These ratings represent a reprioritization to be implemented this coming fall. This past school year (and previously), assessments were the major priority. (ed. note: Mr. Lewis ranked as follows: 1) individual counseling 2) group counseling 3) crisis intervention)

GLENN GROVE
LOESS HILLS AEA 13

Area Education Agency 13 uses the social workers in three major areas. These include assessment, counseling (individuals and parents, and group counseling), and third, liaison work with community agencies. Our social workers are not involved in assessment on a regular basis. However, when behaviors of concern are indicated on a special education referral, we do a home assessment. We do not routinely assess every LD and mentally disabled child. Our agency, however, does require that for a child to become identified as Behavior Disordered, a social assessment must be completed. In addition, social workers are encouraged to provide pre-evaluation activities and provide crisis intervention services to schools such as suicide, and other crisis intervention opportunities.

KAY HANDFORD HANNA
GREAT RIVER AEA 16

...some of our priorities are shifting as the emphasis on counseling regular ed. kids increases. We are trying to improve preschool services at present.

It is evident then that the question of priorities is one being considered by many AEA's. We are searching for the ways to be most effective given the ever present constraints of time, budget, and demands of our several constituencies.

There is considerable diversity in AEA expectations for social workers; that is as it should be because local control to the degree possible within the law is a strong and vital tradition in American education. There is also considerable agreement as to the main areas in which school social workers should be functioning.

It is particularly important for school social workers to keep their identity as social workers, whatever tasks are assigned priority. Working in a multidisciplinary team in a school setting, we must work at remaining social workers because the strength and usefulness of our contribution rests with the particular training we bring with us. We need to belong to NASW, we must keep abreast of concerns and priorities of the social work profession. We must review social work ethics and be sure that we adhere to them.

It is apparent that the supervisors of school social work are giving thoughtful consideration to our priorities. Comments from school social workers would be welcomed. We are all interested in how we view our work and hopefully, we are open to new ideas.

ABOUT THE AUTHOR

Sallie C. Verrette, ACSW, is a school social worker with Heartland AEA in the Newton area.

STATEWIDE: ISSUES AND TRENDS

School Social Work Certification in Iowa

Jim Clark

A set of standards for certification of school social workers in Iowa is now in administrative rule form and will become effective on October 1, 1988. The development of this certification package is the result of many years of collaborative efforts between the Certification and Standards Committee of the Iowa School Social Workers Association and the Bureau of Teacher Education and Certification at the Iowa Department of Education.

To date social workers have been authorized to practice in Iowa public schools by a Statement of Professional Recognition which is issued by the Bureau of Teacher Education and Certification upon recommendation from the respective Area Education Agency Directors of Special Education. Aside from this recommendation the only requirement for issuance of the S.P.R. is documentation (in the form of an official transcript) that the social worker has earned an M.S.W. degree from an accredited institution. To be issued authorization to serve as a school social work supervisor verification of four years experience as a school social worker is an additional requirement.

Effective October 1, 1988, two options will be available for school social work authorization. The first option requires the applicant to have earned an M.S.W. degree from an accredited institution with the degree program including a minimum of 20 semester hours of course work (including practicum) in the areas of social work assessment, intervention, and related studies. In addition, study and knowledge in the areas of general education and special education are required as well as a school social work practicum. Course content must include material that contributes to the education of the handicapped, and the gifted and talented. Completion of an approved human relations course is also required as it is for all certificated special education personnel.

The second option available is the Statement of Professional Recognition (S.P.R.). Besides the current requirement of having earned an M.S.W. degree from an accredited institution, the applicant must also complete an approved human relations course and hold a valid Iowa social work license. A temporary S.P.R. can be issued for one year if the applicant needs to complete the human relations

Journal of School Social Work
Vol. 2, No. 1, Spring-Summer, 1987, p.p. 7-8

course. Another temporary S. P.R. can be issued for a second year if the applicant is a new graduate and must complete the prerequisite two years of post masters practice to be eligible for social work licensure.

An approved program of study is currently being developed with the University of Iowa. This program will outline specific course work that will be considered as fulfilling these certification requirements.

An important consideration for students and current practitioners in choosing either of these options is the fact that the certificate option, i.e., the first option described above, is a prerequisite for certification as a Supervisor of Special Education-Support and for Director of Special Education.

An often asked question is whether these certification requirements will apply to currently practicing school social workers. Current practitioners may continue to operate under the S.P.R. with no additional requirements. Upon application, a certificate will be issued if the social worker meets the requirements outlined in the first option above.

Certification of school social workers marks a trend in the direction of more specialized preparation of social workers who practice in public schools. Hopefully this will serve to reinforce the fact that school social workers are uniquely prepared to contribute as a team member to the ever increasing challenge of educating children in a complex and often stressful society.

ABOUT THE AUTHOR

Jim Clark, ACSW, is a consultant for School Social Work Services at the Iowa Department of Education. He is a regular Journal contributor on issues of concern to school social workers.

SURVEY OF IOWA SCHOOL SOCIAL WORKERS

BY

Al Flieder & Heather Henderson

During the Spring of 1986 a survey of Iowa's School Social Workers was accomplished. It obtained practioner responses in six areas pertaining to involvement and improvement of the Iowa School Social Work Association (ISSWA), membership in other professional organizations, and private practice activities. Additionally, it yielded a rank ordered list of priorities for action which ISSWA would receive support pursuing. This article presents major findings from the survey, reports activities which have already been initiated by ISSWA leadership and suggests implications for further action.

INTRODUCTION

Responsible leadership of a professional body will periodically secure broad based input from constituents as a guide to planning and decision making. In this spirit, the Iowa School Social Workers' Association (ISSWA Executive Board) recently supported a survey of Iowa's School Social Workers. The intended purpose of this effort was to gather responses in order to construct a statewide profile of practitioner opinion on membership and other organizational matters. The results would help ISSWA leadership direct future activity so as to enhance the relevance and responsiveness of our professional organization to members and prospective members. This summary of findings is presented as feedback to respondents and others who have interest in the results.

Journal of School Social Work
Vol. 2, No. 1, Spring-Summer 1987, p.p. 9-15

DATA COLLECTION INSTRUMENT

A questionnaire was constructed covering two areas of inquiry. Each consisted of a single page, 6-item response form-one regarding ISSWA and one regarding the National Association of School Social Workers (NASW). While the two parts were similar, the NASW related responses were not analyzed for purposes of this report and will be submitted as input to the NASW Commission on Education.

In general, the ISSWA questionnaire sought respondents' input regarding memberships and priorities for action. Information on the following topics was gathered (for further detail, see Appendix A):

1. Membership status in ISSWA
   A. If yes, how long?
   B. If no, barriers to joining.
2. Membership(s) in other professionally related organizations.
3. Involvement in private practice activities
4. Suggestions for improvement of ISSWA
5. Volunteer service to ISSWA (future)
6. Prioritize the top three endeavors ISSWA should pursue.

METHOD OF DATA COLLECTION AND ANALYSIS

Three opportunities for seeking response to the opinionaire were utilized:

- The Spring, 1986 ISSWA Conference held in Des Moines. The questionnaire was distributed, completed and collected as part of the annual business meeting of ISSWA, and also during the SSW Supervisors' meeting held the day previous.
- A direct mailing to all Iowa School Social Workers was made from the President of ISSWA.
- The Spring, 1986, issue of the ISSWA newsletter included the questionnaire.

Questionnaires used on all occasions were identical, consisting of a single sheet. It was hoped that by using multiple methods to reach SSW's with this questionnaire that the broadest participation could be achieved. No follow-up mailings or second questionnaires were distributed. Recipients of the questionnaire were instructed to respond to it only once. Respondents were asked to return completed questionnaires to a central location where they were collected and tabulated.

The underlying hypothesis of the survey was that compiling and analyzing responses to the posed questions in this manner would give direction to leadership which would be representative of the prevailing sentiments of SSW's across the state. Given the errors of measurement and size of the population sampled, it was determined that, in order to be significant in generalizability to the whole respondent group, a response category would have to receive seven or more similar responses.

In total, 108 completed questionnaires were received and tabulated. Of these 58% (63) were members of ISSWA or both ISSWA and NASW; 23% (25) were members of NASW only and 19% (20) were not members of either organization. Duration of ISSWA membership ranged from 1 to 17 years with a mean of 6.3 years. Among non-members, the most frequent reason cited for not joining was "financial", followed by no response and "uncertainty about benefit".

As Table I indicates, School Social Workers hold memberships in numerous related professional organizations, most frequently in NASW and ISEA/NEA.

TABLE I. MEMBERSHIP(S) IN RELATED ORGANIZATIONS AMONG RESPONDENTS (N=108)

ORGANIZATION	NO. RESPONDENTS BELONGING	%
NASW	74	69
ISEA/NEA	36	33
ARC	8	7
CEC	7	6
ACLD	6	6
Orthopsychiatry	5	5

22% (24) of the School Social Workers responding are involved in private practice endeavors ranging from marriage and family therapy to teaching and consulting activities.

Regarding the open-ended item ("How would you like to see ISSWA improve?"), nearly 2/3 gave no response while 12% cited "increase membership". An additional 9% suggested "increase visibility and PR", while 8% would like to see improvement come in the form of "better communication and networking." The suggestion of "increase political involvement" was made by 5% of the respondents.

17 SSW's volunteered on item #5 to run for office, serve on committees or be a legislative network contact person. These names were submitted directly to the ISSWA Executive Board.

On the final item, which asked respondents to rank three of six areas for ISSWA to emphasize in its activities, a weighted ranking system was devised in order to give a true rank order of responses. (An area ranked 1 was assigned a weighting of 3, those ranked 2 were weighted 2 and those ranked 3 were weighted 1. Thus, an area receiving 2 rankings of 1 (=6), 2 rankings of 2 (=4) and 2 ratings of 3 (=3) would have a weighted ranking of (6+4+3=13).

TABLE II. SUGGESTED PRIORIZATION OF ISSWA ACTIVITIES (N=108)

AREA OF ACTIVITY	# RESPONSES	WEIGHTED RANKING
Continuing Education Opportunities	80	187
Legislative Affairs	64	140
Certification and Licensure	50	74
Special Projects & Publications	45	67
Research and Evaluation	32	61

DISCUSSION

As Table II indicates, the areas of continuing education and legislative affairs ranked significantly higher in the minds of respondents. These results suggest that practitioners continue to have high expectations and reliance upon the Association for providing relevant workshops, conferences and courses.

Historically, the two annual conferences have been well attended and positively evaluated. Possibly this is a time to do more comprehensive needs assessment, combining the elements of practitioners' perceived needs from experiences in the field with DIrectors' and Supervisors' anticipated directions, given emerging trends.

Longer term skill development themes might be considered, such as consultation, early and brief intervention or cognitive behavorial approaches. These could be offered with optional college credit applicable to salary lane changes or earning an SSW certificate.

Legislative affairs was found to be the second highest ranked priority for action. This probably reflects increasing recognition amoung SSWs that legislative matters have high relevance for SSW practice and education in general. It is timely that the ISSWA Board has moved ahead to ready the Legislative Affairs Committee for future legislative sessions establishing a communication network of contact people. Given SSW's membership in related organizations, it would seem logical to further develop collaboration with the legislative/lobbying activities of the Iowa Chapter of NASW and ISEA if areas of mutual support can be agreed upon. Collaboration with Iowa's Coalition for the Disabled would also be justified.

Licensure and certification are nearing completion. Voluntary licensure is now in place within Iowa. Formal certification for SSW is in its final stages through the combined efforts of the Department of Education School Social Work Consultant and the ISSWA Certification Committee. Currently being developed are an approved program and suggested courses with the prescribed content.

Regarding special projects, publications, and research, the ISSWA newsletter has been upgraded and expanded in its distribution since this questionnaire was initiated. Also being explored as a result of this questionnaire has been the concept of regional meetings for SSWs around the state of Iowa. The Iowa Journal of School Social Work continues in its second year of publication. The handbook School Social Work Interventions with Behaviorally DIsordered Students has been published and is being distributed.

A mullti-year project is now underway to develop practice oriented research in SSW. This will begin by compiling a book of readings on SSW research, followed by staff development workshops leading to practitioner conducted research activities. Results could possibly be submitted as input to the emerging center

for Social Policy and Practice of NASW which is intended to serve as a nationwide repository for the Social Work data base.

CONCLUSION

We find that a brief questionnaire can be useful in establishing demographics, connections with other related groups, and priorities which membership would like their professional organization to pursue. This information is valuable in that it enables designated leadership to implement projects and create change in the confidence that these will be wanted, supported and appreciated by members of the profession.

ABOUT THE AUTHORS

Al Flieder, ACSW, LSW, is supervisor of the School Social Work Program at Grant Wood AEA. He is past President of ISSWA & serves on the Midwest School Social Work Council. He recently completed a two year term on the NASW Commission on Education.

Heather Henderson, MSW, is a School Social Worker for Heartland AEA in the Indianola area. She is Treasurer of ISSWA and has organized several state-level conferences.

APPENDIX A

ISSWA QUESTIONNAIRE

1. Are you a member of ISSWA?

   ____yes....for how many years?____

   ____no....what keeps you from joining?_____

   _____

2. Do you hold current memberships in other professionally related organizations?

   ____ISEA
   ____CEC
   ____ARC
   ____ACLD
   ____Clinical Coalition (social work)
   ____AAMFT
   ____Ortho psychiatry
   ____other (specify_____)

3. Are you involved in any social work related private practice activity (for pay)?____ If yes, please specify:_____

   _____

4. How would you like to see ISSWA improve? Please specify)

5. Would you consider serving ISSWA as one of the following (write in full name here)?

   running for office _____

   committee member_____

   contact person for legislative network_____

   AEA #_____

6. Indicate the top three areas you believe ISSWA should be pursuing (1=highest priority):

   ____certification and licensure
   ____legislative affairs
   ____continuing education opportunities (e.g. conferences and workshops)
   ____research and evaluation endeavors
   ____special projects and publications
   ____other (specify) _____

SCHOOL SOCIAL WORK: An Overview

Paul Alexander and Tom Adams

This article is the script of a presentation made to the AEA 6 Board describing the work of the School Social Worker. It presents an overview of the work of the School Social Worker by following a specific child. After reviewing the child's background, the process of evaluation, staffing recommendations, and interventions are discussed. The format of an interview is used.

It is often difficult for people to understand the work of the School Social Worker. On November 5, 1986 we were given an opportunity to discuss our work with the Area Education Agency 6 Board. We chose to present a case study that would show an overview of the varieties of activities performed by a School Social Worker. The following is the script of our presentation to the AEA 6 Board. We believe it was effective in clarifying the School Social Work process for the Board.

Tom: We would like to show you what School Social Workers do by reviewing, step by step, a specific case in which one of us is involved. To preserve confidential information we have changed some identifying data and have re-named the student Leroy.

Paul: Imagine, if you will, Leroy as a two year old boy who has a knack for charming most adults. He seems to be clever for his age. But there is a tension in Leroy's life. His parents, Morton and Marjorie, do not seem to get along well with each other. There is constant bickering and violent fighting. One night, Leroy's mother gets him out of bed, packs him in the car with a few belongings, and takes him on a long trip. They go to Arkansas. Mort does not go there with them. When mom talks about dad, she is mad at him. Marjorie ignores any mail that comes from Iowa, and does not respond to any communications relating to divorce or custody.

One day, Leroy's dad appears in Arkansas. Leroy is glad to see him. Maybe they will all live together again. Mort and Marjorie argue violently. Mort has papers that say he has custody of Leroy. So Leroy goes back to Iowa with his dad. Marjorie stays in Arkansas. Later she re-marries. Leroy will not see his mother again for ten years.

Back in Iowa, Leroy becomes moody and tends to be a loner. His father works from 3 to 11 pm, and continues on that shift for the next ten years. Leroy spends most of his time with a succession of

Journal of School Social Work
Vol. 2, No. 1, Spring-Summer, 1987 p.p. 16-21.

girl-friends and baby-sitters. When Leroy sees his dad, Mort is often angry and gets upset easily. Mort humiliates and beats Leroy in order to get him to behave. Sometimes, social workers from the Department of Human Services get involved with the family because of possible child abuse. Leroy has received child protective services, and father and son have participated in family therapy through the Department of Human Services.

At school, Leroy does average or below average work. His teachers wonder why he does not do better. He has obvious ability. Socially, Leroy tries to solve problems aggressively. His aggressive behavior has increased steadily through the years. In seventh grade his behavior is characterized by violent outbursts, deliberate attempts to hurt himself, throwing books, trying to hurt others, and refusal to work in the classroom. Last year, Leroy's seventh grade teachers made a concerted effort to improve Leroy's behavior. This included parent conferences, detention, removal from the room, counseling, oportunity to make up work, and praise for accomplishments. (The School Social Worker may have worked with the school staff at this point helping them develop ways to deal with Leroy.)

Now Leroy is in eighth grade. Despite attempts to modify his behavior, the difficulties continue. So the school initiates a referral for evaluation by AEA Special Education staff, including the School Social Worker. The parent, Mort, signs the referral authorizing the evaluation.

T: In Leroy's case those prior attempts did not change his behavior to an acceptable degree. He is still disruptive to the learning of other students as well as to himself. So the referral was made to request information about Leroy's environment and social history. It is important to realize that the evaluation is made in context of a team that in this case also includes the parent, the teachers, the psychologist and the principal.

P: How did you do this evaluation?

T: First I talk to the teachers to find out their concerns about Leroy's current behavior. I also review the records on Leroy to learn about his school history.

I met Leroy to get acquainted with him. He is physically strong and coordinated, and has displayed good athletic potential especially in track. He appeared to be a youngster who is deeply troubled. His acting out may well have deep emotional and familial roots.

Then I went to visit Mort, Leroy's dad, in his home. There I learned much of the background Paul described. I also learned that Mort is very angry with Leroy. He feels frustrated about disciplining Leroy, and he thinks all the problems are his fault. Mort says "I can hardly wait until my son is eighteen so I can kick him out." I asked Mort to complete a Behavior Rating form on Leroy. I also arranged for an Exchange of Information between AEA, the local school, and the Department of Human Services.

When the school principal and I discussed this child, he indicated that last year Leroy was seen in his office 2-3 times a week for being "out of control." During September, eighth grade teachers reported consistent off task behavior twice.

I went over a Health and Social Profile with Mort, which indicated that Leroy is physically healthy. If reflects the many problems Leroy's dad sees in his son's behavior. For example, once Leroy was late returning home on his bike. Mort said he deprived Leroy of his bike by chopping it up with an axe in front of the boy.

I spoke with the family therapist who had worked with Leroy and Mort. They had five sessions over a two month period. The therapy focused on the lack of nurturing and inappropriate discipline. The therapist noted that Leroy semed to be very depressed, especially about school work. Mort got angry because the therapist confronted his parenting methods and he quit.

I also called Marjorie, Leroy's mother, in Arkansas. Leroy went to visit her this past summer for the first time in ten years. However, the visit was cut short because he "wouldn't mind." Marjorie displayed little interest in Leroy, and a definite fear of getting involved with him.

When I had completed my assessment, I wrote the Evaluation Report which included recommendations for intervention.

P: Let me review, then. Once you received the referral for assessment, you

1. Talked with teachers.
2. Reviewed the school records.
3. Interviewed Leroy at school.
4. Interviewed Mort in his home.
5. Completed a behavior rating form with Mort.
6. Had Mort sign an Exchange of Information for the Department of Human Services.
7. Discussed Leroy with the principal.
8. Collected a Health and Social History.
9. Interviewed the family therapist by phone.
10. Telephoned Marjorie in Arkansas

and 11. Wrote an Evaluation Report.

T: My assessment covers all of Leroy's environment and history including home and family, school, and community.

P: Once the members of the Special Education team have completed your assessments, a staffing is held. At this staffing the various reports are shared, Leroy's needs are discussed, and an Individual Education Program is planned. What was the outcome of Leroy's staffing?

T: Although Leroy has above average intelligence and good academic skills, he is not performing well in school. There was consensus that Leroy's behavior is seriously interfering with his learning as well as being disruptive to other students. A residential treatment program with a consistent behavioral aproach and an opportunity to give and receive nurture was recommended. I had arranged for a representative from the Department of Human Services to be present. Unfortunately, the Department of Human Services could not support this residential program. Therefore, Leroy was placed in a Special Class with Integration for Behavior Disordered students.

P: This staffing is Leroy's first encounter with Special Education. At the staffing, the School Social Worker emphasized the lack of nurture and the need for consistent behavior management. Leroy's behavior problem did not surface over night. Over the years he has been somewhat troublesome at school as well as at home. He has displayed a low self-esteem, aggressive tendencies, and a sullen attitude. When he entered Seventh grade, where there is much greater emphasis on individual responsibility, Leroy's behaviors increased dramatically.

The Social Worker's recommendations included:

a) placement in a self-contained class with integration
b) a behavior management program that focuses on
   -accepting responsibility,
   -staying on task during school,
   -developing impulse control,
   -appropriate expression of anger,
   -inhibiting hurting himself or others,
   -developing cooperation with others.
c) a change in Leroy's living arrangements (e.g.: a residential treatment program)
d) a counseling program at school to deal with issues at risk in Leroy's circumstances.
e) encouraging Leroy's athletic ability by participating in sports activities.

Now that Leroy has been placed in a Special Education program, Tom, what will you be doing by way of intervention?

T: There are several things that need to be done on Leroy's behalf at this point. FIrst I would work with the Behavior Disorders team at the school to offer assistance in preparing Leroy's behavior management program. The teacher, of course, has training and experience in dealing with children like Leroy, so my input is in the manner of supportive consultation and connecting with the family and the community. I will keep them informed regularly of Leroy's progress through the social service system.

I will also work with the Department of Human Services to get Mort some help in dealing with Leroy at home. This would include encouraging a residential placement for Leroy.

I will talk with Mort regularly to help him come to a point of acting-either to get help with his relationship-or to get Leroy a structured living arrangement out of his home.

I will spend time with Leroy, to get to know him better and to help him accept the actions of adults at school who care about him. I will encourage Leroy to get into organized activities which are supervised by adults such as sports and youth groups.

P: So as part of your Social Work Intervention you will

a) work cooperatively with the teachers and support staff at the school;
b) continue contacts with the Department of Human Services to get help for Leroy and Mort;
c) maintain regular contacts with Mort to encourage him to make a decision and act upon it; and
d) spend time with Leroy to encourage him to do things to help himself.

T: That's right;

P: Now we have followed Leroy from a cute two-year-old infant whose parents were having marital problems to a troubled and troublesome teen-ager who needs a School Social Worker. You have talked about doing a number of things, mostly outside of the school. What is the value of this School Social Work in relation to Leroy's education?

T: When a child has all these social problems pressing down on him, as Leroy has; it makes it very hard for him to use the gifts he has in school. In Leroy's case, for example, he has an above average IQ, excellent athletic ability, and many other talents. Our help keeps it from going to waste by recognizing that Leroy develops and uses these gifts, not only in school but in all of his life.

P: I have worked in many settings and done a lot of things with the goal of helping people. I genuinely enjoy the challenge of School Social Work; because I see that I am able to make some real and meaningful contribution to the lives of children.

T: I am proud to work in AEA 6. Many people say to me: "I'll bet your job is thankless." My work makes me happy here. There is so much that is positive, both in our schools and in this Agency. We rarely get the chance to say thanks to those who deserve it. Thanks for the opportunity.

ABOUT THE AUTHORS

Paul Alexander, LSW, ACSW, is a School Social Worker for AEA 6 in Marshalltown. He is a past-president of ISSWA and currently serves on its Executive Board.

Tom Adams, LSW, ACSW, is a School Social Worker for AEA 6 in Marshalltown.

The Bulletin of the National Association of School Social Workers: A Bibliography Part II

James G. McCullagh

Graham, Ray. This I do believe, 28(1), 1952, 8. Reprinted in Lee, 11.

Green, Rose. Discussion of articles by Thompson and I. Mohr, 24,(1), 1948, 26-29.

Gregory, Helen. Why do we meet in Denver in June?, 1(4), 1925, 6.

Greisman, Gladys. See Breidenbach, Julia.

Guest, Helen. My house guest, 3(3), 1927, 18-19.

Guilbeau, Gwendolyn. The triangle-the parent, the teacher, the visiting teacher: The teacher, 30(4) 1955,7-12. Reprinted in Lee, 69-73.

Haessig, Alma E. The mental hygiene approach to the teaching profession, 22(3), 1947, 33-39.

Hagman, Elizabeth P. and Elmer R. Hagman. Speech handicaps among schol children, 9(2), 1934, 5-7.

Hagman, Elmer R. See Hagman, Elizabeth P.

Hall, Barbara. See Breidenbach, Julia.

Hall, Gladys E. Changing concepts in visiting teacher work, 12(1), 1936, 1-11. Reprinted in Readings in Social Case Work 1920-1938, 510-520.

_____. Newer developments in visiting teacher work, 16(1), 1940, 12-14; 16(3), 1941, 2-6 (continued from prior issue).

_____. The problem of casework treatment in the classroom, 13(3), 1938, 10-13.

_____. Trends in visiting teacher administrative set-ups, 10(3), 1935, 4-7.

_____. The year ahead, 10(4), 1935, 1-2.

Journal of School Social Work
Vol. 2, No. 1, Spring-Summer, 1987 p.p. 22-34.

Hankins, Dorothy. Cooperative working relationships between school social workers and agency social workers, 25(1), 1949, 3-12.

Harland, Helen. First steps in establishing a school social work program, 25(3), 1950, 10-13. Reprint from Understanding the Child, 19(1), 1950, 10-13.

_____. An interpretation of the visiting counselor service to new teachers, 28(2), 1952, 20-26. Reprinted in Lee, 315-321.

Have you read?. 18(1), 1943, 12; 21(2), 1946, 13; 21(3), 1946, 13-14; 22(2), 1946, 17; 22(4), 1947, 44-45.

Hawley, Katharine J. Children with social and emotional problems: Who are the children needing special help-and why?, 27(2), 1951, 17-21.

Heath, Esther M. See Timme, Arthur R.

Hepner, Walter R. The organization of mental hygiene within the school, 8(2), 1932, 1-2.

Hermann, Lydia. School responsibility for mental health of children, 29(3), 1954, 14-20.

Hinkley, Alice E. and VIrginia Wise Marx. A remedial reading project, 11(1), 1936, 5-12.

Hoffman, July. See Brubaker, Grace.

Holbrook, Sara M. Five years in a rural state, 3(4), 1927, 15-16.

_____. Foreword, 3(4), 1927, 14.

_____. Glimpses of visiting teacher work in a small rural state, 11(2), 1936, 17-18.

_____. The teacher and visiting teacher; allies in making good citizens, 8(5), 1933, 1-3.

Hooper, Laura. Supervisor and visiting teacher, 14(2), 1939, 12-15.

Houk, Mary. See Boston, Opal.

Houston, Ida B. How a teacher enlarged her horizon, 3(4), 1927, 22.

Houwink, Eda. The management of pauses, 22(4), 1947, 34-38.

Humiston, Katharine Zener. A study of how kindergarten boys and girls differ in their behavior, 27(2), 1951, 3-16.

Huntley, Margaret. In-service training of school social workers, 20(1), 1945, 1-11.

Hurlburt, Mary E. The school and its foreign constituency, 10(2), 1935, 4-11.

If you are interested in-practical cooperation between visiting teachers and attendance supervisors. 17(1), 1941, 14. [Recommended readings.]

Ihlseng, Dorothy A. Greetings, 2(5), 1926, 3.

_____. What a summer course in Harvard University meant to me, 3(3), 1927, 9-10.

In memoriam. Edith M. Everett, 16(3), 1941, 16; Harriet Johnson, 9(2), 1934, 8 by Jane F. Culbert; Miss Jessie Louderback, 8(2), 1932, 2; Anna Beach Pratt, 8(2), 1932, 2.

In the magazines. 11(1), 1936, 19.

Jacobsen, Virginia. Evaluating my social work training for visiting teacher work, 23(3), 1948, 21-24. Reprinted in Lee, 430-433.

Jacobson, Stanley. Training school to public school . . . trauma or transition, 30(4), 1955, 16-20. Reprint from Baltimore Bulletin of Education, 33(2), 1954, 27-30.

Janvier, Carmelite. Case story illustrating the use of the indirect or environmental approach, 12(2), 1937, 12-15.

_____. Child-eye view of the economic crisis, 10(1), 1935, 2-5.

_____. The differential approach in the visiting teacher field, 12(2), 1937, 6-11.

_____. Discussion of article by Winberg, 22(2), 1946, 15-17.

_____. Essentials of a training program for school social workers, 24(2), 1948, 3-11. Reprinted in Lee, 407-414.

_____. Methods of integration between the clinic team and the school social worker in a variety of settings: Problematic areas in the integration of the school social worker clinic team, 29(4), 1954, 36-38. Reprint from the Journal of Psychiatric Social Work, 23(2),1954, 91-92.

_____. What a summer course at the New York School of Social Work meant to me, 3(3), 1927, 7-8.

Jesse, Adeline. See Collins, Regina.

_____. Practical problems in social work in public schools as seen by a visiting teacher, 9(3), 1934, 3-4.

_____. What life in a settlement meant to me, 3(3), 1927, I7.

Johnson, Eleanor Hope. World federation of education associations July 20-27th 1925, 2(1), 1925, 12-13.

Jones, Mildred S. The home and school counselor and the principal work together, 25(3), 1950, 4-6. Reprint from Understanding the Child, 19(1), 1950, 4-6. Reprinted in Lee, 322-325.

Jones, Olive M. How the National Education Association, through its Committee on Behavior Problems, is attempting to meet the social obligation of the school, 2(6), 1926, 29.

_____. To visiting teachers, 1(4), 1925, 11-12.

Kearny, Isabel M. The visiting teacher in an experimental school, 3(2), 1927, 23-24.

Keliher, Alice V. The visiting teacher and remedial reading, 9(2), 1934, 2-4.

Kelley, Elisabeth A. Getting the child ready for school, 13(3), 1938, 13-15.

Kerin, Anna. Benefits of the visiting teacher to a rural school, 3(4), 1927, 18.

Kilpatrick, William H. Progressive education and child guidance, 6(3), 1930, 1-2.

Krugman, Morris. The teacher's contribution to the child's social development, 22(1), 1946, 2-8.

Laabs, Alma. Case illustrating the use of both personal and environmental approach in treatment, 12(3), 1937, 6-11.

_____. Factors in visiting teacher-classroom teacher relationships, 22(4), 1947, 29-33. Reprint from The Bulletin of the Virginia Conference of Social Work, 1(2), 1946, 24-27. Reprinted in Lee, 351-355.

_____. Public welfare and the schools, 23(2), 1948, 26-33.

Landrum, Elizabeth W. The triangle-the parent, the teacher, the visiting teacher: The parent, 30(4), 1955, 12-15. Reprinted in Lee, 73-75.

Langmaid, Abbie B. Discussion of "How the visiting teacher . . . ." by W. Carson Ryan, 2(6), 1926, 21-22.

Larson, Garnet. Parents who refuse casework services, 28(4), 1953, 20-27.

Lee, Porter R. The family as a constructive force in mental hygiene, 6(2), 1930, 1-3.

Lees, Byrdeen C. Coordination of social work and psychological services in a school setting, 23(3), 1948, 13-20.

Lehmann, Joseph E. Cooperative practice between family agencies and the school social work program, 30(1), 1954, 3-10.

Leming, Bertha. Social service in the schools of Indianapolis, Indiana, 18(1), 1943, 7-10.

_____. The integration of school social work and attendance services: I. A description of the Indianapolis program, 26(3), 1951, 3-11.

Leonard, Shirley. Dear members of the A.A.V.T., 9(4), 1934, 1-2.

_____. Discussion of article "A social work philosophy . . . ." by Spinning, 15(3), 1940, 1-11.

_____. Teachers and school social workers learn from each other, 25(3), 1950, 14-16, 32. Reprint from Understanding the Child, 19(1), 1950, 14-16, 32. Reprinted in Lee, 434-437.

Levy, David M. Psychiatric responses of children to minor anatomic differences, 5(1), 1929, 1-2.

Lide, Pauline. A study of the historical influences of major importance in determining the present function of the school social worker, 29(1), 1953, 18-33. Reprinted in Lee, 107-119.

Lingenfelter, Elizabeth. And, in closing, 3(2), 1927, 31.

_____. Dear visiting teacher group, 3(2), 1927, 1.

_____. The visiting teacher in the high school, 3(2), 1927, 20-22.

Linzer, Edward. A mental hygiene program for school social workers, 27(3), 1952, 3-12.

Lippman, Hyman S. Emotional problems presented by the child in the school setting, 28(2), 1952, 3-8. Reprinted in Lee, 148-152.

_____. The role of parents in emotional problems presented by children in the school setting, 28(4), 1953, 3-7. Reprinted in Lee,153-157.

Liveright, Alice K. Value of visiting teacher service to the classroom teacher, 11(1), 1936, 12-16.

Look for ["in the coming publications of the American Journal of Orthopsychiatry"]. 21(2), 1946, 13.

Loper, Mildred. Junior visiting teachers, 3(4), 1927, 21.

Louderback, Jessie L. The visiting teacher in junior high school, 3(2), 1927, 10-13.

Loudon, Anne. My scholarship, 3(3), 1927, 20-21.

Malcolm, Ida Bell. Present-day attitudes toward the feeble-minded, 19(2), 1944, 1-8.

Mannix, Margaret C. The story behind camp, 26(4), 1951, 27-35.

Martin, Alice. See Brubaker, Grace.

Marx, Virginia Wise. See Hinkley, Alice E.

Masdam, Doris. See Palmeter, Helen L.

Matthews, W. Mason. Practical approaches in understanding a child's intelligence and school achievement, 23(3), 1948, 3-12.

McCollom, Gladys. Newark plan for consultant service with teachers, 8(6b), November 1933, 3-4.

McGuffey, Jennie G. The visiting teacher's professional library, 3(3), 1927, 22-24.

McLauchlin, Muriel. The constructive role of the agency function in case work, 10(4), 1935, 2-10.

McNeill, George. The visiting teacher and number nine school, 13(3), 1938, 6-9.

Meadows, A. R. See Cochran, Mary Lue.

Medler, Mary J. Multiple facets of the school social worker's role: School social work consultation service with other school personnel, 29(2), 1953, 17-22.

_____. The visiting teacher and the advisory council, 25(2), 1949, 18-21. An almost identical version was published in Understanding the Child, 19(2), 1950, 56-58, under the title "Visiting teachers and the advisory council."

Meredith, Lois A. Case studies and courses for teachers, 7(2), 1931, 1-3.

_____. A new book [review of The difficult child and the teacher by Helen R. Smith], 10(2), 1935, 3.

_____. Trends in visiting teacher work, 10(3), 1935, 2-4.

Milner, John G. Children with anti-school patterns, 31(1), 1955, 34-40. Reprinted in Lee, 142-147.

_____. Understanding the pressures of compulsory school attendance, 28(3), 1953, 3-11. Reprinted in Lee, 211-219.

Minneapolis Public Schools Visiting Teachers. This issue, 2(2), 1926, was also published in the Educational Bulletin, Minneapolis Public Schools, No. 9. It was compiled by the visiting teachers of the Minneapolis Public Schools and edited by Bertha Ferguson. The contents follow; Foreword by W. F. Webster, 4; organization of the Department of Attendance and Research, Minneapolis Public Schools, 6; the field, 7-8; history of the visiting teacher movement in Minneapolis, 9-12; the visiting teacher and co-ordinated school departments, 13-30; the visiting teacher and co-operating social agencies, 31-40; a

recreational program, 41-42; the home center club, 42-43; service club at Edison, 43-44; the visiting teacher and the immigrant, 45-49; Vladimir, lawyer, leader, and politician, 49-50; scholarship research committees, 51-54; an all-school advisory plan, 55-56; some psychological problems in a child guidance clinic, 57-59; a parent's diagnosis, 59; why, 60-62; referred for tardiness, 62; tar baby and the lammers, 63-68 (reprint from The Survey, 54(6), 1925, 350-352); population of Minneapolis, 69; a few facts, 70.

Mitchell, Grace W. The integration of school social work and attendance services: III. A description of the San Diego program, 26(3), 1951, 21-26.

_____. The process of interprofessional relationship between teacher and school social worker, 25(2), 1949, 3-11. Reprinted in Lee, 342-350.

Mohr, George J. Some causative factors in delinquency, 10(5), 1935, 2-7.

Mohr, Irma. Fears in relation to school attendance: A study of truancy, 24(1), 1948, 15-25. Reprinted in Lee, 192-201.

Molyneaux, Mary L. The principal-liaison between faculty and school social worker, 25(3), 1950, 26-28. Reprint from Understanding the Child, 19(1), 1950, 26-28. Reprinted in Lee, 325-328.

Myers, Alonzo. Evaluating relationships between the school and the home, 14(1), 1939, 11-14.

N.A.V.T. celebrates its tenth birthday, 5(2), 1929, 3-4.

National Association of School Social Workers. Announcements, 20(1), 1945, 11; appointment of permanent executive secretary, 22(4), 1947, 45; come to national conference in Buffalo, 21(2), 1946, 11-12; for your information: 21(2), 1946, 11; 22(2), 1946, 17; 22(4), 1947, 43-45.

National Association of Visiting Teachers. Announcements, 3(1), 1927, 1-3; annual conference, 4(2), 1928, 4; annual meeting, 5(1), 1929, 4; ballots, 5(2), 1929, 4; conference high points, 5(3), 1929, 3; constitution, 2(1), 1925, 3-4; excerpts from regional committee reports, 5(1), 1929, 3-4; excerpts from the minutes of the business meeting, 5(3), 1929, 3-4; high lights from the annual meeting, 4(2), 1928, 3-4; luncheon at superintendents' meeting, 5(1), 1929, 3; program of the San

Francisco conference, 5(2), 1929, 4; regional committees,4(2), 1928, 2-3; visiting teacher luncheon at superintendents' meeting of N.E.A., 4(2), 1928, 4;

_____. Pre-conference number compiled by the Publicity Committee, 1(4), 1925. The contents follow: To the members of the N.A.V.T. by Edith M. Everett, 1; officers and committees, 2; our bulletins, 2; our finances by Sara Laughlin, 3; the visiting teacher, 4; our members, 4; list of new members this year, 5; why do we meet in Denver in June? by Helen Gregory, 6; tourist publicity, 6; side lights on Denver program, 7; publicity at the conference, 8; our friends, the social workers, 8-9; what can the visiting teacher do? by Anna Pratt, 9-10; to visiting teachers by Olive M. Jones, 11-12; N.A.V.T. extension, 12; information regarding opportunities for visiting teacher training, 13; among the new books, 14; review by Ethel B. Allen of The problem child in school by Mary B. Sayles, 15.

_____. Conference number, 2(1), 1925, published by the Publicity committee. The contents follow: To the members of the National Association by Edith M. Everett, 1; officers for 1925-26, 2; constitution, 3-4; report on Denver conference, 5-6; business meeting, 6a; articles by E. L. Brown, Johnson, and Everett on "The training . . ." [see separate listings], 7-15; some cities which have recently added visiting teachers to their staffs, 16.

_____. Pre-conference number, 2(5), 1926, published by the Publicity Committee. The contents follow: Officers of the Association and conference committees, 1; separate greetings from Edith M. Everett, Dorothy A. Ihlseng, and Anna B. Pratt (see separate listings), 2-4; conference program at Philadelphia, 5-6; members of the program committee, 6; who's who on the program, 7-8; a reminder list, 10; N.E.A. recognition by Edith M. Everett, 11; program of the Association at the National Conference of Social Work in Cleveland, 12; list of new active and associate members by the membership committee (Ethel B. Allen, Sara L. Laughlin, and Gladys Keyes), 13-15, and a report from the publicity committee by Grace D. Chase, 16.

_____. Conference number issued by the Publicity Committee, 2(6), 1926. The contents follow: president's letter by Boardman, 1; officers for 1925-26 and 1926-27, 2; report of the Philadelphia conference, 3-4; program, 5-6; minutes of the annual business meeting, 7-9; summary of round table presentations by Boardman and Drew (see separate listings), 10-18; summary of addresses by Bruce R. Payne followed by Helen Raymond Smith who discussed Dr. Payne's paper and W.

Carson Ryan followed by Abbie B. Langmaid who led the discussion (see separate listings), 19-22; luncheon and addresses by Virginia P. Robinson and Bruce B. Robinson (see separate listings), 23-26; joint meeting with Committee on Behavior Problems of the National Education Association including addresses by Howard W. Nudd and Olive M. Jones (see separate listings), 27-29; visiting teachers at the national conference of social work, Cleveland, May 1926, 30-31; editorial note, 31.

_____. Post-conference number, 3(4), 1927. Part I pertains to the work of the Association. The contents follow: Officers and committees, 1; president's letter by Rhea Kay Boardman, 2; Des Moines program, 3-4; minutes of the annual business meeting, 5-10; constitution, 10-11; note from the president by Rhea Kay Boardman, 12; announcements, 13. Part II pertains to visiting teacher work in Vermont. See citation under Vermont.

_____. Pre-conference number, 4(1), 1928. The contents follow: President's letter by Rhea Kay Boardman, 1; greetings from the Minneapolis visiting teachers by Julia Drew and the Minneapolis visiting teacher staff, 2; to members of the N.A.V.T. by Gladys L. Keyes, 3; program, 4-5; application for membership submitted by membership committee, 6-8; requirements for active membership submitted by standards committee, 9; report of committee on amendments, 10-12.

National Committee on Visiting Teachers. Conference, 5(1), 1929, 3.

_____. The first issue, 1(1), was compiled by the Executive Staff in December 1924. The contents follow: To the members of the N.A.V.T. by Edith M. Everett, 1; the present situation in visiting teacher work, 2-4, "a descriptive directory of visiting teacher centers", 1-29 (new pagination), and visiting teacher centers in the United States, 1-4 (new pagination).

_____. DIrectory of visiting teachers and allied work [compiled by the Executive staff], 2(3), 1926, 1-10.

National Conference of Social Work. 22(3), 1947, 60.

Nebo, John C. Interpretation of school social welfare services to educators and other professionals who serve the schools, 30(3), 1955, 3-11. Reprinted in Lee, 302-309.

Nesbit, Elsie. Pioneering in school social work-paving a way for a successful program: Citizen support and the role of the practitioner, 29(1), 1953, 13-17.

_____. The triangle-the parent, the teacher, the visiting teacher: The visiting teacher, 30(4), 1955, 3-7. Reprinted in Lee, 65-69.

New books. 8(6a), June 1933, 5.

New centers for visiting teacher training. 6(1), 1930, 2-3.

Newark Department of Child Guidance Staff. "The material in this bulletin [8(4), 1933] is largely the result of group thinking on the part of the staff of the Newark Department of Child Guidance. . . ." from the Foreword by Bruce B. Robinson, 1. The contents follow: Foreword, 1; use of the school in treatment, 1-2; interpretation of case material to teachers, 2-3; discussion groups in an activity program, 3-4; publications, 4; A.A.V.T. annual luncheon, 4; regional meeting to follow luncheon, 4.

New York City Board of Education, Association of Visiting Teachers. This issue, 2(4), 1926, compiled by the Association of Visiting Teachers, pertains to the work of the visiting teachers of the Board of Education in New York City. The contents follow; Name and assignment of the visiting teachers, 3; foreword, 4; organization, 4-5; preparation of the visiting teacher, 5-6; the aim of the visiting teachers, 6; relation to the school, 6-7; relation to social agencies, 7-8; relation to the child, 9; causes for which children are referred, 10-23; special features - The East side, West Harlem, Little Italies, 24-30; extract from "The Principal", 30-31.

New York State Teachers' Association, Visiting Teacher Section. Conference, 5(1), 1929, 2.

Nixon, Mary H. Evaluating our visiting teacher work today, 8(6b), November 1933, 1-3.

Noar, Florence. School social work-what is it?, 29(3), 1954, 22-34. (Script. See Spence, Louise C.)

Noethen, Joseph C. The parent, the citizen, and the school, 25(2), 1949, 12-17.

Note to visiting teachers. 12(1), 1936, 16.

Notes. 14(2), 1939, 16; 15(3), 1940, 16.

Notes of interest. 19(1), 1944, 18-19.

Notice to members.I 6(3), 1930, 3; 7(1), 1931, 3; 7(2), 1931, 3.

Notice to subscribers. 30(4), 1955, ii; 31(1), 1955, ii.

Nudd, Howard W. The social obligation of the school, 2(6), 1926, 27-28.

Nutting, Ruby. See Brubaker, Grace.

On the screen. 10(5), 1935, 7.

Other reading helpful to an understanding of the juvenile delinquent. 10(5), 1935, 15.

Palmeter, Helen L. The child-in-school and the helping team, 24(4), 1949, 3-18. Reprinted in Lee, 328-341.

_____. Ruth Geller, Olga Graeper, and Doris Masdam [Editorial Committee]. Foreword, 22(3), 1947, 2-3; 22(4), 1947, 2.

Pastor, Georgina. Administrative arrangements made in Puerto Rico for the training of school social workers, 27(3), 1952, 13-17.

Paul, Dorothea S. The counselor interprets community resources, 24(2), 1948, 15-18.

Payne, Bruce R. How the visiting teacher point of view can be of help to classroom teachers, 2(6), 1926, 19-20.

Pinsky, Nathan. Confidential nature of social case records and privileged communications between social worker and client, 18(1), 1943, 2-7.

Poole, Florence. An analysis of the characteristics of school social work, 25(3), 1950, 454-459. [Second article in issue but same pagination as original article.] Reprint from Social Service Review, 23(4), 1949, 454-459. Reprinted in Lee, 46-51.

_____. Discussion of Miss Smalley's paper ("Some implications for the practice of . . . ."), 13(1), 1937, 14-16.

_____. Nation-wide developments in school social work, 22(3), 1947, 4-8. Reprint from The Bulletin of the Virginia Conference of Social Work, 1(2), 1946, 16-19. Reprinted in Lee, 93-97.

_____. Relating case working agencies to school programs, 25(1), 1949, 17-25.

Porter, Alice Marie. Training and experience of a visiting teacher, 3(3), 1927, 2-4.

Pratt, Anna B. Re Conference program, 2(5), 1926, 4.

_____. What can the visiting teacher do?, 1(4), 1925, 9-10.

(Part III will be published in the Fall-Winter issue of this Journal.)

ABOUT THE AUTHOR

James G. McCullagh, Ed. D, ACSW, LSW, is Associate Professor in the Department of Social Work, University of Northern Iowa, Cedar Falls, Iowa.

IOWA SCHOOL SOCIAL WORKERS' ASSOC.

. . . serving home, school, and community

MANUSCRIPTS: Contributions are welcomed and may be submitted to S. Verrette, Heartland AEA, 301 1st Street South, Newton Iowa 50208. Send a typed original and three (3) copies. Please attach an abstract of approximately one hundred (100) words and a vita of approximately fifty (50) words. The author should retain a copy in case of loss through the mail

Manuscripts will be reviewed anonymously by the editors and the members of the Advisory Board. Authors will receive notification of acceptance. Unless a manuscript is accompanied by a stamped, self-addressed envelope, it cannot be returned to the author.

SUGGESTIONS TO CONTRIBUTORS: Manuscripts may deal with school age children, school staff, community, coordination or programs and research. All submissions should be applicable to social work in the schools, and preference will be given to those focusing on practice issues. All manuscripts should follow the 1983 APA (American Psychological Association) style. Footnotes, where necessary, should be set at the end of the text.

Articles and essays may take the form of research articles, case studies, descriptions of special projects, formulations of practice techniques, interviews, etc. In no case should articles exceed twelve (12) double spaced typewritten pages. Footnotes are discouraged; whenever possible, documentation should be embodied in the text.

Brief notes may be the form of practice aids - such as minibibliographies or resource lists - or of reviews of pertinent books, journals, or in-state workshops by major practitioners. The occasional literary piece may be considered when it concerns issues of significance to social workers. Notes longer than four (4) double spaced typewritten pages will not be considered.

Journal of School Social Work
Heartland AEA
301 1st St. South
Newton, Iowa 50208
USA

IOWA SCHOOL SOCIAL WORKERS' ASSOC.

. . . serving home, school, and community

IOWA JOURNAL OF SCHOOL SOCIAL WORK

FALL-WINTER, 1988

VOL. 2, NO. 2

LG 030871

EDITORIAL STAFF

Editor
Sallie C. Verrette, ACSW
School Social Worker
Heartland AEA
Newton, Iowa

Managing Editor
Marlys Parcell Jordan, MSW
School Social Worker
Heartland AEA
Johnston, Iowa

EDITORIAL BOARD

Jean Purdy, ACSW

Marlys Staudt, MSW
School Social Worker
Great River AEA 16

John Montgomery, Ph.D.
Supervisor, AEA 6

Charlene Struckman, MSW
School Social Worker
AEA 7

Ron Palumbo, ACSW

James G. McCullagh, Ed.D., ACSW, LSW
Associate Professor
University of Northern Iowa

The Journal of School Social Work is a professional publication dedicated to extending knowledge and improving practice of social work in educational settings. The Journal is published semi-annually by the Iowa School Social Workers Association. The subscription rate is $8.00 for individuals and $16.00 for libraries. Advertising inquiries, membership applications, subscriptions inquiries and changes of address should be addressed to Marlys Parcell Jordan, Heartland AEA, 301 1st St. S., Newton, Iowa 50208.

Articles and advertisements do not constitute an endorsement by the Iowa School Social Workers Association.

Fall-Winter, 1988
Volume 2, Number 2

Journal of School Social Work

CONTENTS

Editor's Note ii

Parent Perspectives: An Activity to Sensitize Teachers to Cultural, Religious, Racial and Class Diversity.
Elizabeth Blue Swadener, Ruth A. Gudinas and Rebecca Bass Kaiser 1-7

Mutual Storytelling
Donald J. Kehrwald 8-14

An Evaluability Assessment of School Social Work Services: A Tool for Social Workers and Program Planners
Rodney G. Schofield and Ann V. Kraetzer 15-30

The Bulletin of the National Association of School Social Workers: A Bibliography (Part III)
James G. McCullagh 31-40

Editor's Note

Those of us working in education in Iowa are fortunate this year because of the "Phase III" monies made available to us. These monies are to be used for supplemental projects and for the development of performance based pay. In my own agency, as an example, in the first year 75% of these funds is designated for supplemental projects, translating into approximately 150 projects to be funded at $1,000 per project.

As a school social worker, I see tremendous potential for our profession to strengthen its role through developing projects which will both enhance our professional skills and improve our services to our client system, i.e., school personnel, students, and parents.

As editor of this Journal, I am excited by the prospect that some of the projects will be shared with other school social workers through articles in the Journal. At a recent meeting of school social workers, the comment was made that sometimes we are not recognized as a discipline by those with and for whom we work. At least one step in correcting this misperception is to demonstrate evidence of the application of our own distinctive knowledge base and value base through publication in the Journal.

As an Iowan, I would also hope that we address needs and accomplishments that are distinctive in some degree to practice in our state. Among these, in addition to the already widely recognized farm crisis, might be the needs of rural school systems. What are the needs of smaller systems and how have we successfully addressed these needs? How do we adapt social work practice when we are assigned to small rural systems? The possibilities are tremendous and the need is great.

Many changes are in the air regarding the future of education in general and special education in particular. It is essential for us to be assertive and make our contributions known and understood. We know we are valuable. We must let others know. The combination of Phase III and the Journal can make a difference.

SCV

PARENT PERSPECTIVES:
An Activity to Sensitize Teachers to Cultural, Religious, and Class Diversity

Elizabeth B. Swadener, Ruth A. Gudinas, and Rebecca B. Kaiser

This article is based on a workshop presented by the authors at the 1987 Midwest School Social Work Conference. The activity was developed to respond to a need for reality-based activities which would enhance the appreciation for human diversity of those working in school settings.

INTRODUCTION

This article describes a workshop exercise intended to encourage empathy with the parent's perspective. Teachers and others working with culturally diverse children and their families learn to understand the feelings of the family through this activity. The activity evolved over a two year period and is still "evolving" as further quotes or perspectives are added. This activity was developed in response to a need for more reality-based activities for teachers and others working in school settings and it was intended to enhance their appreciation for the human diversity inherent in many preschool and public school environments in a pluralistic society.

The activity was created as part of an inservice training program on education that is multicultural for preschool staff. Education that is multicultural conveys a pervasiveness of cultural inclusion in all aspects of the educational environment, and in all subject matter and classroom experiences (Grant, 1978; Grant and Sleeter, 1984; Swadener, 1987). Education that is multicultural reflects not only a commitment to the representation and fair presentation of cultural issues, with the associated combatting of racism in the school environment, but also encompasses the related issues of gender, class, religion, physical and mental differences, and age.

DEVELOPMENT OF THE ACTIVITY

This "parent perspectives" activity required authentic, and not hypothesized or fabricated, quotations. In other words, the activity required parents' perspectives and not merely our own. Thus, the statements came from many sources, including guest

Journal of School Social Work
Vol. 2, No. 2, Fall-Winter, 1988 p.p. 1 - 7

speakers in a course on cultural diversity, human relations staff and Individual Differences Program cadre members in an urban school district and other resource people. As potential selections were generated, several people read and reacted to them in order to help validate them, assess bias or edit them in other ways for the activity.

This activity was first piloted with a group of sixteen early childhood staff, including teachers, directors and student teachers at an inservice workshop entitled "Implementing Education that is Multicultural in Early Childhood Settings." One purpose of the training and follow-up sessions was to generate workable ideas for teachers on how to include more authentic and age-appropriate activities for young children in their programs.

This activity was used at the first of four sessions, and was evaluated by virtually all of the participants as the most valuable, realistic, and thought-provoking of the activities used in all of the sessions. The comments of participants indicated that this was far from a comfortable activity to complete. Reactions from participants included the following: "As a teacher, I wanted to problem-solve, as we don't have the luxury of just our feelings most of the time." "This was valuable, but incredibly overwhelming at times." "I felt some anger that nobody prepared me to work with these kids." "Kids live through our mistakes - and we make several when it comes to cultural diversity!" One day care director said, "I related to the exercise at two levels - empathy for the parents and anger at some of my own responses and lack of cultural knowledge."

When participants were asked, as part of a session evaluation, what they got from this activity, comments were diverse. They included the following: "I'm not the only one - others are working on similar problems." "Some new perspectives." "Some indication of the challenge ahead." "This reminded me of all we bring from our past and that our kids do too."

Since this first pilot of the activity, the parent perspectives activity has been used with over 280 teachers (of preschool through high school students), parents, social work students and student teachers. It has been modified based on their feedback, as well as on the continuing informal collection of parent statements. In one inservice, it was used to get at real concerns parents might have as opposed to having teachers try to generate such concerns. It was a non-threatening way to have teachers share some perspectives which they might never have thought of on their own.

IMPLEMENTING THE ACTIVITY

The activity consists of two parts: (1) the reading of quotations from parents (see Parent Quotes section), adding to an "I feel ..." statement after each, and (2) a personal response, stating "When a _____ parent talks about _____ I feel..." Participants are encouraged to give "feeling statements" and not attempt to "problem-solve" with the issues involved in the quotes. After selecting a card with a quotation on it, each participant reads his or her parent statement, continuing with "I feel..." and trying to express the feelings such a parent might have. When everyone has read their statements and these have been briefly discussed, participants are given a few minutes to write out how they feel about any one of the parents' statements. They state, "When I hear a _____ parent discuss _____, I feel..." This is shared with the large group and then discussed. A third stage has also sometimes been added, which consists of having some participants describe how the child in each situation might feel.

In facilitating this activity, all three authors have noted the tendency of participants to want to "fix" the problem or dismiss it. It may be difficult, but is necessary, to bring participants back to the feelings and empathy statements intended in the first part of the activity. A brief "thank you" or comment after each sharing increases a sense of trust in the group. Participants have shown greater appreciation of cultural differences after this activity. It may also be beneficial to the discussion to point out to participants that children's views may differ from parents to varying degrees. Time permitting, some participants may be asked to take the child's perspective by giving an "I feel..." statement.

It is also important for the facilitator to understand the issues represented by the brief parent statements. Participants sometimes do not understand the point of a particular quote, or need to clarify its meaning from others in the group or the facilitator. For example, depending on the location and size of the community where the participants live and work, (additional) background on certain religions or refugee populations may be required.

THE PARENT QUOTES

The following is the basic set of quotations which participants read and react to. Each is identified by some aspect of the family's diversity. The identity of the family is shared when the participant introduces him- or herself, stating, for example, "I am a single parent..."

Jewish parent: My child is struggling to understand what it means to be Jewish. He asks, "Do we celebrate Thanksgiving?' and last year asked, 'Can we have a Christmas tree and just not use it?' I feel..."

White parent of Black child: "My daughter will be the only child of color in her kindergarten. I worry about how she'll develop a healthy self esteem. I feel..."

Vietnamese parent: "It is difficult to read the notes which come home from school. My child speaks and even reads better in English than I do. I feel..."

French parent: "My child often speaks for me with her friends. She seems embarrassed by my accent. I feel..."

Native American parent: "My husband and I couldn't believe it when our daughter brought a paper headdress home at Thanksgiving time - just when we'd been talking about what it takes to earn one eagle feather! I felt..."

Single parent: "Teachers can't seem to get past the fact that I'm a single parent. They often blame me for my son's lack of control at school. I feel..."

Jehovah's Witness family: "Our child can't participate in parties, birthdays or celebrations. We hate to have her excluded. We feel..."

Chinese-American Parent: "My four-year-old son asked me, When I grow up can I be blond? It's better to be blond, Dad! I feel..."

Parent of child with Down's syndrome: "It's been hard when other parents we know make a big deal over developmental milestones--you know, learning to walk, talk, write their name, when our 'milestones' with our daughter are so different. I feel..."

Jewish parent: "My child's life is inundated with materialism and Christianity at Christmas time, from t.v., stores and friends. I wish he could have a 'breather' from this at school. I feel..."

Black parent: "My child just wants white baby dolls, and rejects the black dolls that I spent so much time finding for her. I feel..."

Chicano parent: "It has been difficult for me to keep my six-year-old's Spanish alive. It's almost as though she's ashamed of using anything but English. I feel..."

Native American parent: "When the nursery school teacher introduced my child to the class as an Indian, some of the children whooped and made fun of him! He didn't even want to go back to school. I feel..."

White parent: "I want my child exposed to people of other backgrounds, so she will feel comfortable relating to all people. I wish my child's school was more multicultural. I feel..."

Atheist parent: "I wish that holidays with religious roots were just omitted from the curriculum. I don't believe in God, and I don't want teachers telling my child about God. I feel..."

Black family: "We go every week to an all-Black church in the city nearly two hours away because I don't want my daughter to grow up seeing Blacks only as a small minority."

Low income parent: "It is so hard to just tell my six-year-old that we cannot afford the things that other kids at school take for granted - you know, the brand name jeans and Cabbage Patch stuff. I feel..."

Hmong parent: "in our Hmong tradition, masks have spiritual significance. My child was expected to do an art project making scary masks and was very upset by this. I feel..."

Japanese-American parent: "My child has lost touch with so much of our cultural heritage. If we had stayed with our family in California, he would have more of a sense of cultural community. I feel..."

Adoptive parent of Korean child: "We had to remove our child from the day care when other children kept teasing her about 'not being a real American' and the teacher didn't take this seriously. I feel..."

Single-parent father: "Every year since my wife died I go through the same thing with my daughter. She always comes home crying the day that Mother's Day gifts are made at school. I feel..."

SUMMARY

These "parent perspectives" have proven to be a valuable way of initiating a dialogue with teachers and other working with families of diverse backgrounds. As part of a more comprehensive training program, they serve to illuminate feelings and cultural perspectives which participants may not have considered before, because of their own cultural background and lack of exposure to several of the perspectives conveyed in the activity. We invite readers to try this activity and also to add their own parent statements to the activity.

Many activities, films, readings and guest speakers can teach in authentic ways about various aspects of a culture. However, we have found this activity to be a safe and useful way for participants to empathize with others, and a starting point for increased perspective taking. We certainly cannot teach everything about all cultures and all aspects of individual differences within these cultures, but have found this activity to be an excellent entry into understanding several diverse points of view.

We believe that direct and frequent interaction with others who differ by race, class, ability, religion and beliefs is the best way for teachers, social workers, parents, and others working with young children and their families to learn about diverse perspectives. However, the activity described in this brief article offers a way to begin providing these perspectives for people who teach or work in less multicultural settings. We emphasize again that exercises such as the parent perspectives activity are a starting point which needs to be built upon with further discussions, including re-looking at curriculum, policy and day-to-day practice in working with children and parents.

References

Grant, C.A. (1978). Education that is multicultural: Isn't that what we mean? Journal of Teacher Education, Septermber-October, No. 5.

Grant, C.A. and Sleeter, C.E. (1984). The Literature on Multicultural Education: Review and analysis. Part I, University of Wisconsin-Madison.

Swadener, E.B. (1987). Implementation of Education that is multicultural in early childhood settings: A case study of two day care centers. Urban Review (in press).

ABOUT THE AUTHORS

Elizabeth Blue Swadener, Ph. D. is Assistant Professor of Education at The Pennsylvania State University and has worked in various aspects of early childhood education and staff development related to persons with disabilities for the past 13 years.

Ruth A. Gudinas, Ph. D., has been on the staff of the Department of Human Relations, Madison Metropolitan School District, since 1973.

Rebecca Bass Kaiser is Individual Differences Coordinator for the Human Relations Department of the Madison Metropolitan Schools.

181

MUTUAL STORYTELLING

Donald J. Kehrwald

I was first introduced to the Mutual Storytelling Technique in the Fall of 1984 at a conference presented by Dr. Richard A. Gardner entitled "Therapeutic Techniques with Children." For the past three years I have been developing my own skills with mutual storytelling. I have discovered that it is a valuable tool in my repertoire of therapy skills with elementary aged children. In this article, I outline the steps in the Mutual Storytelling Technique and include observations from my own experiences.

THE MUTUAL STORYTELLING TECHNIQUE

"Once upon a time, a long time ago, in a far away place _ _ _" is the way the story began. The storyteller, an eight year old, second grade boy was not aware that he was involved in the age old process of storytelling or that he was involved in a therapeutic technique. What he understood was that he was creating a story that was uniquely his.

Like other therapists before him, Dr. Richard Gardner understood the usefulness of these children's stories as a communication technique. He recognized the value of interpreting children's stories for psychological content similar to the interpretation of dreams. He also recognized the value of using stories as a way to deliver a message or lesson to children, similar to the lessons in many well-known children's stories. Dr. Gardner wondered if there would be a way to increase the likelihood that such lessons would be "heard", both consciously and subconsciously, by the child. His experimentation with stories led him to develop the Mutual Storytelling Technique.

Dr. Gardner combined the process of interpretation of stories with the process of delivering a message through stories into a single therapeutic technique. In this technique, the therapist elicits a story from the child, interprets that story for the child's role and psychological content, and retells the same story back to the child with a therapeutic message included. This process then becomes mutual storytelling.

Using the process, Dr. Gardner found that he was able to increase the effectiveness of his messages to the child because he was speaking to the same psychological concerns that were present in the child's mind and story at the time.

Journal of School Social Work
Vol. 2, No. 2, Fall-Winter, 1988 p.p. 8 - 14

In his book Therapeutic Communication with Children - the Mutual Storytelling Technique, Dr. Gardner outlines the technique as a seven step process:

1. Elicit a story from the child.
2. Interpret the story in your mind for psycho-therapeutic meaning for this child.
3. Identify characters of the child's story.
4. Ask the child for the moral or lesson of the story.
5. Identify, and discuss with the child, the problems happening in the child's story.
6. Retell the story, using the same characters the child used, to describe a better relationship.
7. Discuss with the child the moral, or lesson, of your story.

ELICITING THE STORY

Eliciting stories from children is really quite simple. Unlike many of us adults who have forgotten how to tell stories, most children are natural storytellers. The following directions are effective at helping most children get started on their stories:

> "We are going to play a game called the storytelling game. Here are the rules: first you tell a story and then I tell a story. The story has to be completely made up. It cannot be a story that you have read or seen on T.V. or in a movie. Inside of our heads we have many stories, some of which we don't even know about until we tell them. So I want you to tell me one of those stories. Now all good stories have a beginning, a middle, and an end and teach us a lesson. So after you finish your story, I will ask you what lesson your story teaches. Then I will tell you my story."

With these instructions most children will begin their story. Some children remain hesitant and require a prompt to get them started. With hesitant children, ask if they are ready to begin or if they would like help to get started. If they do not start, tell them:

> "I always start my stories with - a long, long time ago in a far away place there was a _ _ _."

Then turn to them to continue the story. If they get stuck during some part of the story, ask:

> "And then what happened?" or
> "What did they do next?" or
> "How does this story end?"

This method is successful at eliciting a story from most children. Of course, the volume and quality of the stories vary. Most successful stories are told by students in grades two through six and in age from seven to twelve.

INTERPRETING THE STORY

There are two goals in interpreting a story: identifying which character in the story represents the child; and the main psychological issues present. One factor that influences our ease in interpreting the stories is the amount of information we have about the child's situation. Since most of the main psychological issues are related to the family, information about the family situation becomes especially useful. We are also assisted in our interpretations by the statement the child makes about the lesson in the story.

> "There was a nest, and there was a mommy bird and two baby birds. The two baby birds used to fight and mommy bird had to tell them to behave. She said if they didn't behave, she would have to separate them into two separate nests. One day, the brothers were fighting and the younger bird knocked the older brother out of the nest to the ground. Then a fox came along and ate him. The end."

In this story about the birds, the symbolism is quite clear. I was able to confirm my interpretation by the knowledge that the boy had been an only child for six years before the birth of his brother. The boy was feeling pushed out of the nest by his younger brother. I identified several psychological issues present in the story: guilt about fighting; feeling pushed out of the nest; abandonment by the mother; and the suggested tragic results. Since I was aware that it was the mother who requested my services for this boy, I surmised that psychological abandonment was not actually present. I also knew that this boy's difficulties in school - poor grades, a lack of friends, and negative behaviors for attention - were present even before the birth of his brother.

RETELLING THE STORY

> "Once upon a time, there was a mommy bird and two baby birds. And the two baby birds were always fighting. So the mommy bird told them that she would need to separate them into separate nests if they continued to fight. One day while they were fighting, a big wind came up and blew the older brother bird out of the nest. Now the older bird knew that the wind knocked him out of the nest but he blamed the baby bird for knocking him out of the nest, even though he knew

that the baby bird was not strong enough to knock him out of the nest. And he fell to the ground. Now the mommy bird saw the older bird fall to the ground and she cried out "Oh, I hope nothing bad will happen to my baby, like a fox coming along and eating him. I will guard over him until he is old enough to fly, which won't be long since he is getting bigger." So she hid the bird in the bushes and guarded over him until he could fly."

{During this part of the story, the boy appeared to be listening intently, and smiled with delight, so I embellished the story a little for effect.}

"And one day a fox did come along and tried to snatch the bird. But the mother bird flew in the fox's face and called out for the father bird who helped chase the fox away. And then the bird did learn to fly and he could come and go from the nest whenever he wanted. The end."

After this story, I discussed with the boy the lessons in my story: we sometimes make up excuses and blame others when bad things happen even when we know it isn't so; and mothers protect their children until they can take care of themselves, they do not just let them be, when bad things happen. I like to ask the children if they can guess the lessons in the stories as a way to measure if the lessons are being heard. If the child cannot tell me the lessons, I explain them in detail in an attempt to impress the child. I also ask them if they have ever had an experience like this story to see if they can relate it to their own situations. Stories worked well with this boy and I included them in each session. Interestingly, he was able to use the message from this story to resolve some issues for himlself because they never surfaced again in his stories or discussions. He was able to move right into his difficulties at school and by the end of five sessions over nine weeks, he had made enough progress to go on his own.

A FIRST TIME STORY

This is the story of another eight year old, second grade boy which he told during his initial session.

"Once upon a time there was a boy who got lost in the woods. So he went to the deer to ask how to get out of the woods but the deer didn't know. So he went and asked the bear, but the bear didn't know either. So then he went to the owl and asked him. And the owl told him how to get out of the woods. But there were two paths out of the woods and one of the paths went to the house of the wicked witch. And

that's the path that the owl told the boy to take so he ended up at the house of the wicked witch. And she tied the boy up. But eventually he got free and went home. The end. And, the lesson is: don't trust strangers."

I interpreted this story to be typical of many initial stories which express a theme of anxiety about trusting the therapist and therapy in general. I interpret the deer to be the boy's mother, the bear to be his father, and the owl to be the therapist. I interpret the fear of being misled by the therapist as a typical initial session anxiety. To relieve this anxiety and establish rapport, I told the following story, using the same beginning as the boy:

". . . . . and the boy asked the owl and the owl replied: I can tell you how to get out of the woods because I live here and know the woods well. But at the edge of the woods there are two paths and I know that one of those goes to the house of the wicked witch and the other will get you to your house. But I don't know which one. So when you get to the edge of the woods, you will have to check it out, look for clues to tell you which path you came into the woods on, and then you can find your way home. So that's what the boy did. When he got to the edge of the woods, he looked around and found some footprints in the soft ground and recognized a tree he had passed and he knew what path to take to get home. The end."

With this story, I attempted to empower the boy with a sense of self-determination and encourage him to take control of his own situation. This boy also listened intently to this story and became much less anxious in future sessions. He oftentimes reminded me of our stories and it was obvious that he enjoyed this method of communication. It became an effective part of his therapy as well.

INNOVATIONS

Dr. Gardner experimented with the use of audio and video tapes with the Mutual Storytelling Technique. He discovered that children's motivation to participate in the technique was enhanced by using the radio or T.V. interviewer approach to elicit stories. He also discovered that children enjoyed seeing themselves on T.V., so he often played the story back to reinforce the therapeutic lessons.

An additional benefit of the taping was the opportunity for future use. Dr. Gardner discovered that children's internalizing of the message in the stories was increased when they took their tapes home to play for themselves between sessions. Next, he discovered, that parents understanding of therapy and participation

in the therapeutic process was increased as parents reviewed the tapes of their children's sessions. Parents often provided unique information that was essential in the interpretation of certain stories when the therapist was struggling with the meaning of the stories.

MY OWN EXPERIENCES

I have been practicing with the Mutual Storytelling Technique for the past three years and have had the opportunity to use this technique with a variety of elementary children. As I have become more experienced with the use of this technique, I now make storytelling an integral part of almost every session with children.

I personally enjoy the technique. I constantly marvel at the creativity of children and find it a challenge to be equally as creative in my own stories. I am amazed at how concisely a child will symbolize a complicated situation into a short story. I especially find it satisfying to observe that my messages to the child are being heard when I see them concentrating while listening to my story and even sometimes joining in anticipation of the conclusions. The stories the children tell often become a verification that earlier messages were heard and a documentation of the child's progress in therapy.

I have often wished I had taped certain sessions and stories with children because the story they told so aptly described the child's perceptions of the situation. This year, I have been making it a practice to audio tape sessions which I offer to the child as a chance for review or to use as a communication link to their parents. Many children welcome the opportunity to use the tape to communicate to their parents things they have had difficulty expressing. I also find that when parents are involved in listening to the tapes, I do not need to schedule lengthy parent conferences to explain to parents the issues in therapy.

To help you get started on incorporating the Mutual Storytelling Technique into your repertoire of counseling skills, I will leave you to assess this final story, which is a favorite of mine. This story was told by a nine year old boy who had just moved into a blended family situation after his father remarried. Try your skills at interpreting the story and phrase your message back to this boy as you see yourself retelling the story. Notice how quickly you can pick up the process.

> "Once upon a time there was an alien from another planet and he was out flying around in his flying saucer. And he wanted to go back to his home planet but there was a war going on and one side blew up the whole planet. So he didn't have any choice but to look around for a new planet to

live on. So he flew to earth and landed and got out of his saucer and went up to a house, kind of like E.T. in the movie. But when the people looked at him they thought he looked weird because they weren't used to aliens. So he left there and went and hid. The end."

Reference

Richard A. Gardner, M.D. Therapeutic Communication in Children. The Mutual Storytelling Technique. Northvale, New Jersey. Jason Aronson, Inc. 1971.

ABOUT THE AUTHOR

Donald J. Kehrwald, MSW, is a school social worker for AEA 12. He is a past president of ISSWA (1977).

AN EVALUABILITY ASSESSMENT OF SCHOOL SOCIAL WORK SERVICES:

A TOOL FOR SOCIAL WORKERS AND PROGRAM MANAGERS

Rodney G. Schofield and Ann V. Kraetzer

In a local school district, evaluability assessment of the school social work program was used to define salient evaluation issues and possible measures.

The most useful outcome, however, was the clarification of program objectives which will lead to better social work utilization of the staffing process for handicapped children.

INTRODUCTION

As preventative and remediative activities in the human service field are impacted by a reprioritizing of federal initiatives and a reduction of funding sources, the worth of such activities is increasingly called into question. One of the areas affected by this closer scrutiny is mental health services for children in the public sector. Within the last three years one of the largest groups of service providers in this field, social workers in the public schools, have demonstrated increased professional awareness of the need for evaluation to determine program effectiveness and future direction.[1]

In one metropolitan school district serving 30,000 students, the School Social Work Department, in cooperation with the district's Department of Planning and Evaluation, initiated an evaluability assessment program in anticipation of the need for greater accountability.

Evaluability assessment is a process which attempts to increase the utility of evaluations by ensuring that (1) program objectives are well-defined; (2) program assumptions/objectives are plausible, i.e. there is evidence that program activities have some likelihood of causing progress toward program objectives; and (3) intended uses of evaluation information are well-defined.[2]

Evaluability assessment delineates a set of evaluation options and assesses the cost-effectiveness of the options relative to the information needs of decision makers. The judgements made

Journal of School Social Work
Vol. 2, No. 2, Fall-Winter, 1988 p.p. 15 - 30

189

in evaluability assessment result from thorough execution of activities ubiquitous to planning any evaluation: review of written documents that describe program purposes, discussions with different levels of management, and site visits to observe the program in practice. These activities enable the evaluator to clarify the program's goal structure, or in Wholey's terms, to describe management's intentions for the program and the program "reality."[3]

In any program, discrepancies exist between the planned activities and the actual events. Some discrepancies produce programs that operate toward implicit objectives discrepant from formal, stated objectives. Evaluability assessment articulates program objectives in a manner that highlights the assumed causal links between program activities and desired outcomes. Discrepancies and logical inconsistencies are brought to light before formal evaluation data collection begins rather than ex post facto. This knowledge provides a necessary base for useful evaluation.

In the present study social work staff and school administrators were actively involved in defining program goals, objectives, and assessment measures. Their involvement (1) increased the staff's understanding of how their program functions and (2) fostered further program development.

CONTEXT OF THE ASSESSMENT

The evaluability assessment was initiated for three purposes: (1) to develop professional awareness of the need for evaluation; (2) responsibility to the School Board to document the impact of services on educational outcomes; and (3) to establish baseline data against which future changes in the service delivery system will be measured.

Initial planning meetings revealed the need to review and revise existing program descriptions and goal statements. The evaluability assessment committee, comprised of eight school social workers, found that extant documents inadequately expressed the philosophy and scope of their role as social workers in the school setting. Through extensive discussions the committee developed a description of program goals and activities which synthesized the professional standards of the National Association of Social Workers[4] and added to the standards additional functions performed by social workers in the school setting. The program description formed a framework for the evalulation and subsequently was used to inform other staff and the community about School Social Work Services.

PROGRAM OBJECTIVES

After developing the program description, the Evaluation Committee directed its attention to specifying outcomes expected from six categories of activities. The outcomes were of two types:

1. Immediate outcomes. These are the expected direct results of social worker activities. They are stepping-stones on the way to behavioral and attitudinal changes necessary to meet the program goal.

2. Objectives. Objectives are statements of decisions or changes required to meet the program goal. Immediate outcomes are prerequisite to the program objectives.

The committee developed statements of activities, outcomes, and objectives in the categories of direct services, assessment, consultation, liaison, administrative duties and professional growth. These statements, presented in Figures 1-6, encompass the federal and state mandated school social work functions as well as the current state of the art for the profession. The most important benefits of this process were (1) to clarify the distinction between immediate outcomes and program objectives, (2) to articulate the client changes that could logically be expected from social work interventions, and (3) to improve the writing of Individualized Education Plans (I.E.P.s) based on this information. These benefits were immediately recognized by members of the Evaluation Committee and eventually proliferated to the rest of the school social workers.

EVALUATION ISSUES

Cost-effective evaluations generally result when program managers define specific evaluation questions and uses for program performance information before finalizing an evaluation plan. Opportunities to change program activities and objectives should also be identified so that data-gathering efforts provide information relevant to these areas of potential change. To help select from among the many possible evaluation questions that could be asked about School Social Work Services, a list of evaluation issues was prepared which reflected the Evaluation Committee discussions. For each issue, possible quantifiable measures were suggested:

Evaluation Issues: Referral

1. How effective and efficient is the referral process? Number of students served compared with number of students referred

(includes numbers screened, staffed, awaiting staffing, awaiting placement, receiving appropriate services without special education).

2. Are regular education alternatives exhaused before referral to Special Education? Number of inappropriate referrals to Special Education process (no I.E.P. developed after referral).

3. How does the lack of consistent guidelines affect the referral process? Referral patterns: reasons for referral, person(s) making referral, actual practices.

4. What distinguishes social work referrals for possible emotional/ behavioral handicapping condition as compared with situation specific personal, family, or academic problems? Comparison of case records for samples of students in each category.

5. Are referrals to outside agencies meeting students' needs? Followup survey to teachers and parents of students referred to outside agencies.

6. What outcomes result from the referral conference? Percent of parents accepting recommendations; modifications in general education program; referrals for social work assessment.

Evaluation Issues: Assessment

1. How appropriate is the content of social histories? Content analysis of social histories compared with services referral, placement and outcome information.

2. How does the lack of consistent guidelines affect the assessment process? Survey of staff to determine variations in assessment practices and subsequent differences in assessment outcomes; determination of appropriate referral; nature of handicapping condition, if any; student needs; and treatment plan alternatives.

3. What circumstances tend to produce consensus (particularly parent consent) at staffing? Review Staffing Report and Student Data forms; critical incident interviews with staffing team members.

4. How efficient and effective is the staffing process? Number of I.E.P.s developed compared with number of staffings; number and type of assessments conducted compared with staffing outcomes; number and types of diagnosis compared with staffing outcomes.

Evaluation Issues: Direct Services

1. How efficient and effective are student direct service treatment plans in meeting established goals? Number and type of services specified in I.E.P.s compared with number and type of services provided; resources used to provide direct services (staff time, purchased services); types of services, techniques and materials and length of time receiving each service compared with handicapping condition and I.E.P. goal attainment.

2. Are I.E.P. objectives clear? Content analysis of I.E.P.s; survey of teachers and direct service providers.

3. What is the impact of self-concept improvement on academic achievement? Repeated self-concept measures: Coopersmith, Primary Self-esteem, Burks Behavior Rating Scale, Tennessee Inventory of Self-Concept; compared with I.E.P. goals, grades, attendance records.

Evaluation Issues: Consultation

1. Is too much or too little time spent in consultation activities as compared to other social work tasks? Time-task analysis.

Evaluation Issues: Administration

1. Are records maintained in compliance with statutory requirements? State department of education on-site review observations; review of program documentation.

2. Do student records provide necessary information to orient a social worker if the student transfers to a new school? Survey of social workers experience.

3. What is the effect of required paperwork and meetings on time available for direct services? Analysis of paperwork and meeting efficiency (including variations in practice at building level).

Evaluation Issues: Professional Growth

1. How does the professional training and orientation of district social workers vary? Personnel records of training and experience; survey of staff professional attitudes and practices.

2. Given limited funds for professional development, how can school social workers best improve their skills? Survey to

determine training needs; review of staff development strategies.

The above issues were reviewed by a principal at each academic level, elementary, junior high, and senior high; the entire School Social Work Services staff; the program supervisor; the director of Student Support Services; the assistant superintendent for instruction; and the superintendent. The reviewers (1) critiqued the validity of the program model which the issues address and (2) prioritized the issues as they relate to information needs and likely utility.

The major concern of reviewers was to document the effectiveness of direct services. It was felt that information on the student outcomes following social worker intervention would help in the planning of staff activities.

Priorities

Priority ratings (on a four point scale) were received from twenty-eight staff social workers and six administrators. The top priority areas for staff social workers were:

- What is the impact of self-concept improvement on academic achievement? (Average rating = 3.44)
- How efficient and effective are student direct service treatment plans in meeting established goals? (Average rating = 3.36)
- Are regular education alternatives exhausted before referral to Special Education? (Average rating = 3.15)
- Need to establish limits in function and domain. (Average rating = 3.14)

Each of the above issues was rated high priority by at least two of the administrators who rated the issues. Other issues rated high priority by at least two administrators were:

- How efficient and effective is the staffing process?
- Is too much or too little time spent in consultation activities as compared with other social work tasks?
- Need to reduce duplication of services provided by human service agencies, by district programs, and by school social workers.

- Need for improved relationships with other resources in the community.

- Need for support and assistance in balancing demands for consistency in administrative procedures with professional and pragmatic needs for versatility and flexibility to meet unique conditions at each building.

- What is the effect of required paperwork and meetings on time available for direct services?

As a result of the above process, the decision was made to focus on measurable student changes which can be related to school social work activities. As a first step, inservices were held with social work staff to provide assistance in I.E.P. objective writing and measurement. Marked improvement was observed in the specification of student goals and direct services plans. Followup evaluation will examine the degree of success in accomplishing stated goals.

SUMMARY

Several benefits can be cited in reviewing the effects of this evaluability assessment on the social work department and school district.

First, the process of developing program descriptions and goal statements resulted in a clear statement of program direction for staff, district administrators, and the Board of Education. Frequent clarification of the study's intent facilitated support for the assessment process, thereby defusing the normal anxiety and threat common to any individual or group about to have their performance evaluated.

The evaluation process stimulated professional initiative on the part of individuals and groups within the social work staff to assess their contributions to program functioning and outcome. In one instance, a staff employee researched the relationship of the present study to previous staff efforts at accountability and discovered that the evaluability assessment process achieved most of the goals set forth by previous staff committees over the years.

Extensive involvement in defining program and evaluation intentions has resulted in a commitment to positive organizational change at a time when such change is necessitated by district reorganization and funding reductions. The process of evaluability assessment provided an "anchor and guidepost" during a time of

rapid organizational change and led to a security as to purpose and direction for staff and administration. A greater sense of staff inclusion was frequently mentioned as a positive side benefit of the entire process.

The process described in this article and subsequent assessment of the efficiency and effectiveness of the direct service component of the school social work program will help school social workers meet Costin's challenge:

> To the extent that social workers aid in removing barriers to learning for the individual pupil or for groups of pupils, they contribute centrally to the educational purposes of the public school. However, merely knowing this is not enough; as social workers describe their varied activities, it will be important to specify which of these barriers are social work targets for change and how social work tasks can modify them.[5]

Design and implementation of an accountability effort similar to that described above will allow school social workers to achieve these goals with the efficiency required by current economic conditions.

Notes and References

[1]Andrew V. Coughlin, Jr., "Technology of School Practice: Implications for Evaluation," Social Work in Education, 2 (April 1980), pp. 25-38.

[2]Joseph S. Wholey, Evaluation: Promise and Performance (Washington, D. C.: The Urban Institute, 1979), p. 17.

[3]Wholey, op. cit., pp.49-60.

[4]NASW Standards for Social Work Services in Schools: Professional Standards, NASW Policy Statement No. 7 (Washington, D.C.: National Association of Social Workers, 1978).

[5]Lela B. Costin, "Removing Barriers to Learning," Social Work in Education, 3 (July 1981), pp.2-3.

ABOUT THE AUTHORS

Rodney G. Schofield, Ed.D., is supervisor of student support services for the Colorado Springs Public Schools.

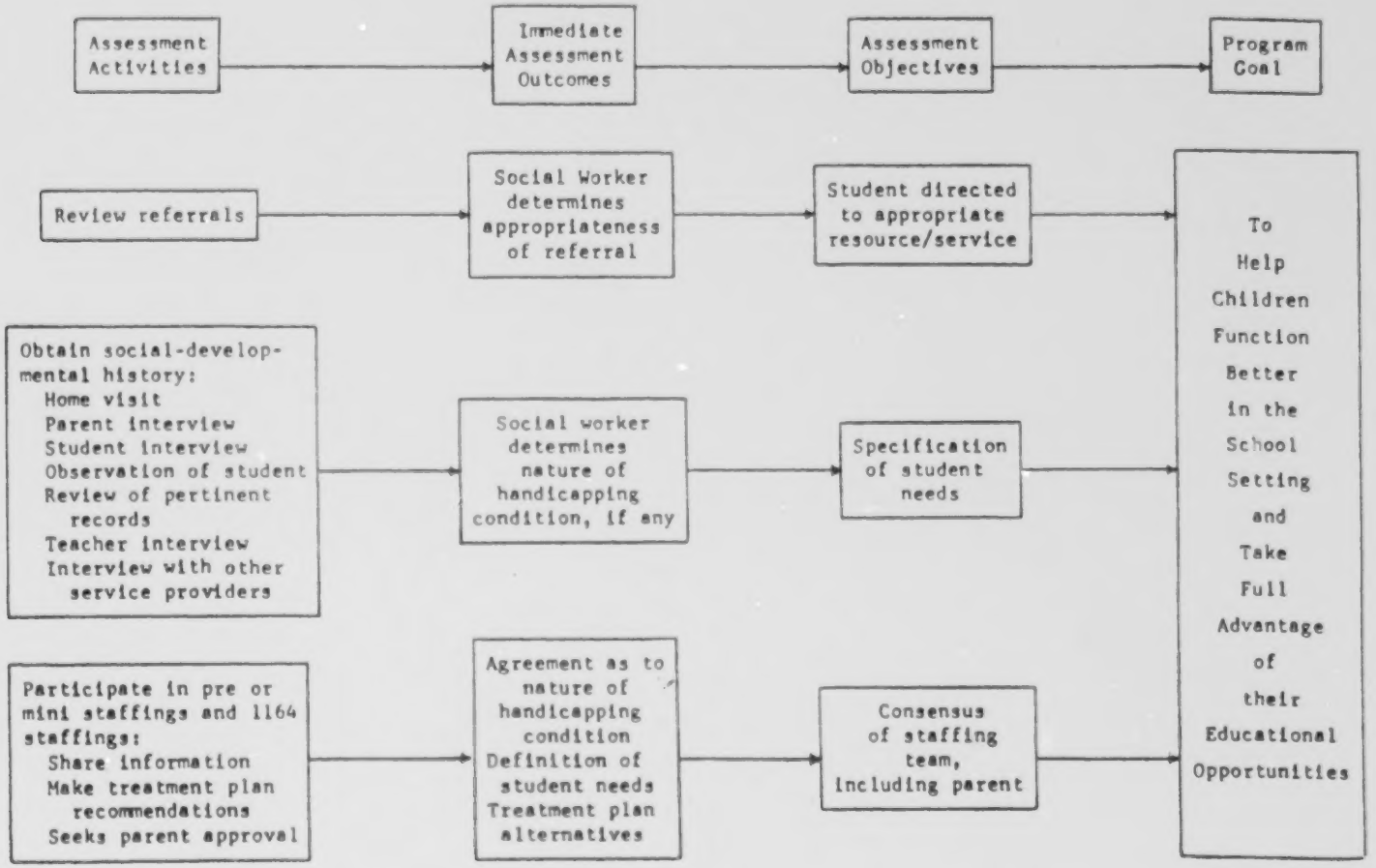
Ann V. Kraetzer, Ph.D., is Administrative Assistant in the Department of Planning and Evaluation of the Colorado Springs Public Schools.

107

FIGURE 1.

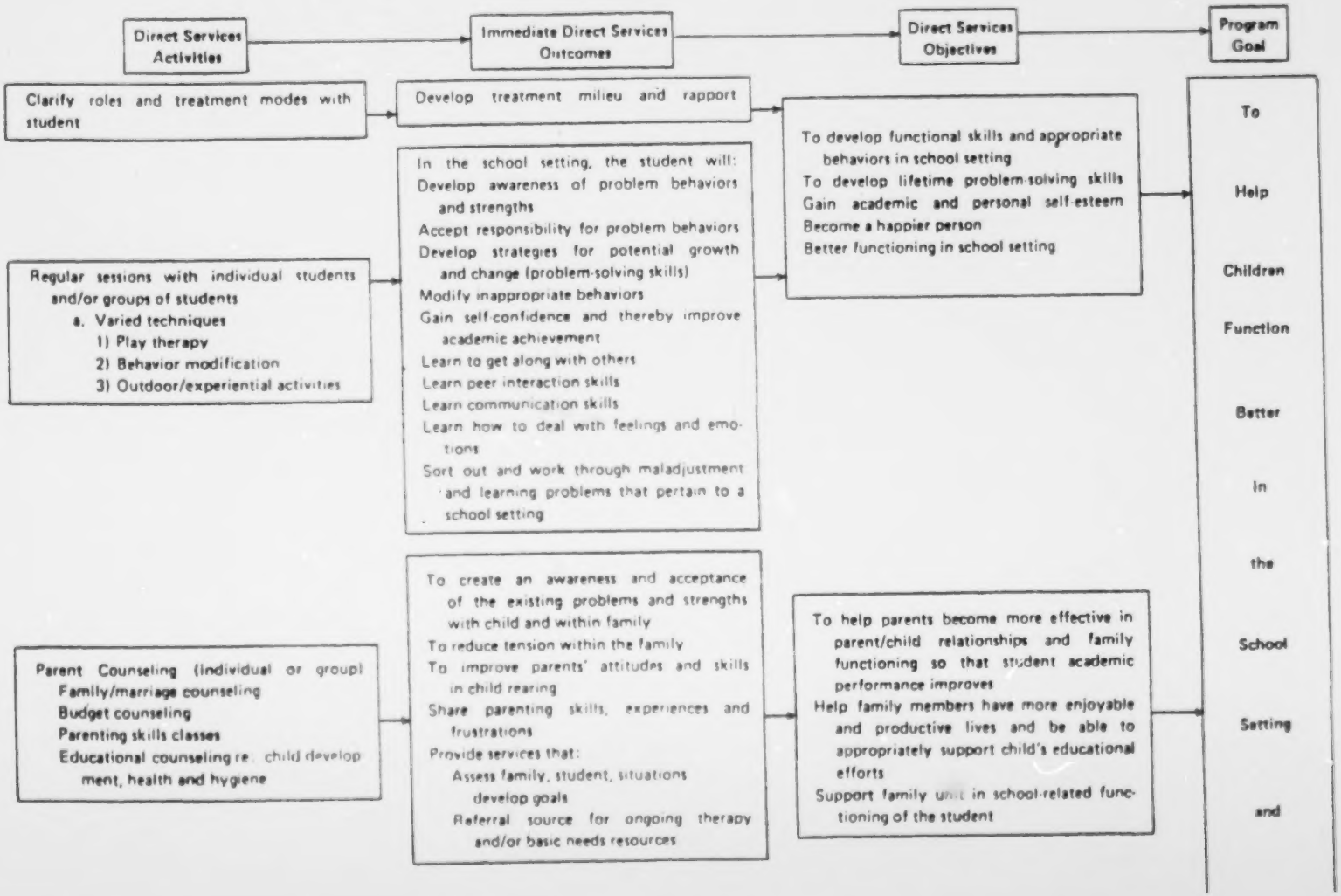
SCHOOL SOCIAL WORK PROGRAM MODEL

ASSESSMENT


Assessment Activities
Immediate Assessment Outcomes
Assessment Objectives
Program Goal
Review referrals
Social Worker determines appropriateness of referral
Student directed to appropriate resource/service
Obtain social-developmental history:
Home visit
Parent interview
Student interview
Observation of student
Review of pertinent records
Teacher interview
Interview with other service providers
Social worker determines nature of handicapping condition, if any
Specification of student needs
Participate in pre or mini staffings and 1164 staffings:
Share information
Make treatment plan recommendations
Seeks parent approval
Agreement as to nature of handicapping condition
Definition of student needs
Treatment plan alternatives
Consensus of staffing team, including parent
To Help Children Function Better in the School Setting and Take Full Advantage of their Educational Opportunities

SCHOOL SOCIAL WORK PROGRAM MODEL

DIRECT SERVICES


Direct Services Activities
Immediate Direct Services Outcomes
Direct Services Objectives
Program Goal
Clarify roles and treatment modes with student
Develop treatment milieu and rapport
Regular sessions with individual students and/or groups of students
a. Varied techniques
1) Play therapy
2) Behavior modification
3) Outdoor/experiential activities
In the school setting, the student will:
Develop awareness of problem behaviors and strengths
Accept responsibility for problem behaviors
Develop strategies for potential growth and change (problem-solving skills)
Modify inappropriate behaviors
Gain self-confidence and thereby improve academic achievement
Learn to get along with others
Learn peer interaction skills
Learn communication skills
Learn how to deal with feelings and emotions
Sort out and work through maladjustment and learning problems that pertain to a school setting
To develop functional skills and appropriate behaviors in school setting
To develop lifetime problem-solving skills
Gain academic and personal self-esteem
Become a happier person
Better functioning in school setting
Parent Counseling (individual or group)
Family/marriage counseling
Budget counseling
Parenting skills classes
Educational counseling re: child development, health and hygiene
To create an awareness and acceptance of the existing problems and strengths with child and within family
To reduce tension within the family
To improve parents' attitudes and skills in child rearing
Share parenting skills, experiences and frustrations
Provide services that:
Assess family, student, situations develop goals
Referral source for ongoing therapy and/or basic needs resources
To help parents become more effective in parent/child relationships and family functioning so that student academic performance improves
Help family members have more enjoyable and productive lives and be able to appropriately support child's educational efforts
Support family unit in school-related functioning of the student
To Help Children Function Better In the School Setting and

25 199

199.

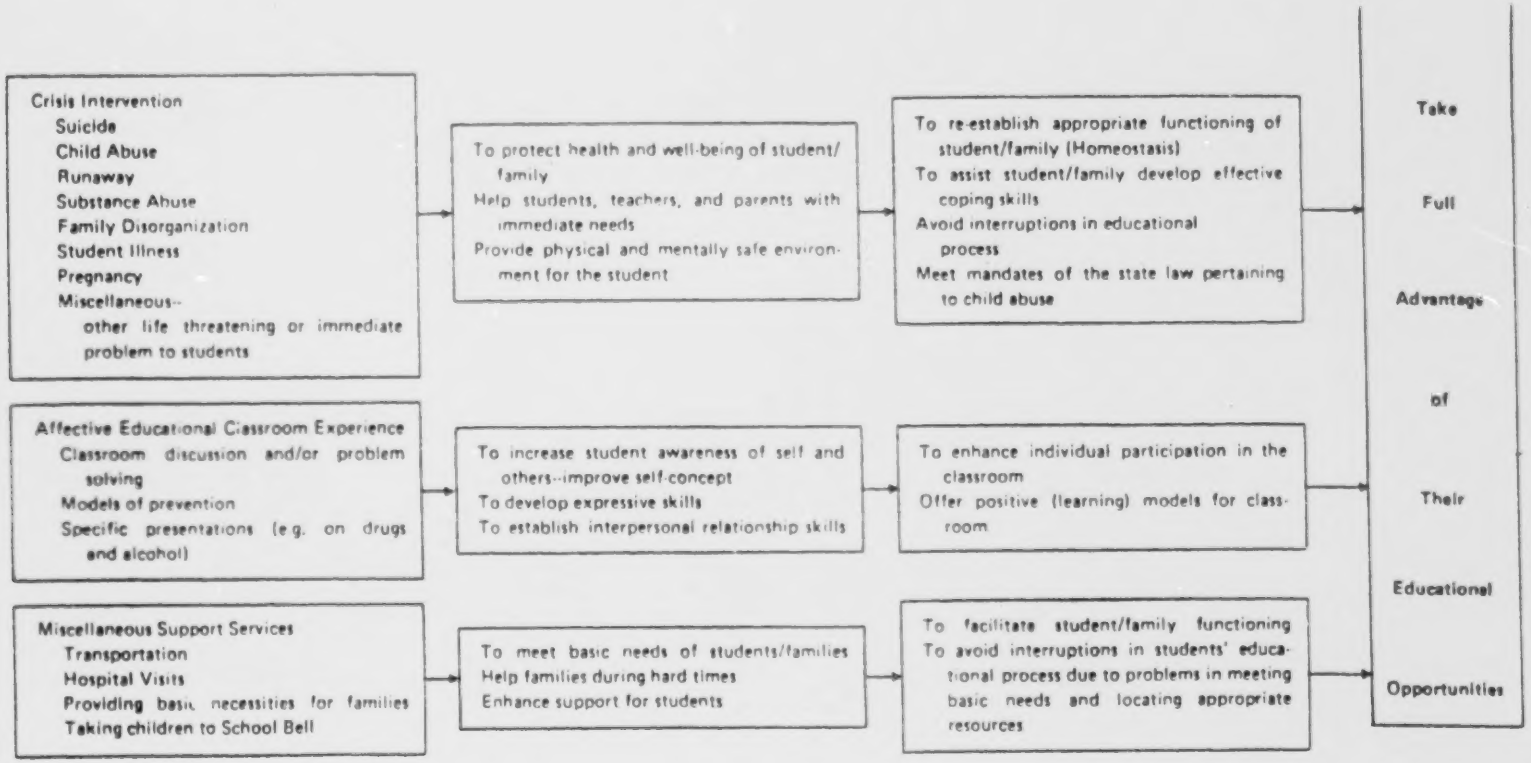

Crisis Intervention
Suicide
Child Abuse
Runaway
Substance Abuse
Family Disorganization
Student Illness
Pregnancy
Miscellaneous--
other life threatening or immediate problem to students
To protect health and well-being of student/family
Help students, teachers, and parents with immediate needs
Provide physical and mentally safe environment for the student
To re-establish appropriate functioning of student/family (Homeostasis)
To assist student/family develop effective coping skills
Avoid interruptions in educational process
Meet mandates of the state law pertaining to child abuse
Affective Educational Classroom Experience
Classroom discussion and/or problem solving
Models of prevention
Specific presentations (e.g. on drugs and alcohol)
To increase student awareness of self and others--improve self-concept
To develop expressive skills
To establish interpersonal relationship skills
To enhance individual participation in the classroom
Offer positive (learning) models for classroom
Miscellaneous Support Services
Transportation
Hospital Visits
Providing basic necessities for families
Taking children to School Bell
To meet basic needs of students/families
Help families during hard times
Enhance support for students
To facilitate student/family functioning
To avoid interruptions in students' educational process due to problems in meeting basic needs and locating appropriate resources
Take Full Advantage of Their Educational Opportunities

FIGURE 3.

SCHOOL SOCIAL WORK PROGRAM MODEL

CONSULTATION

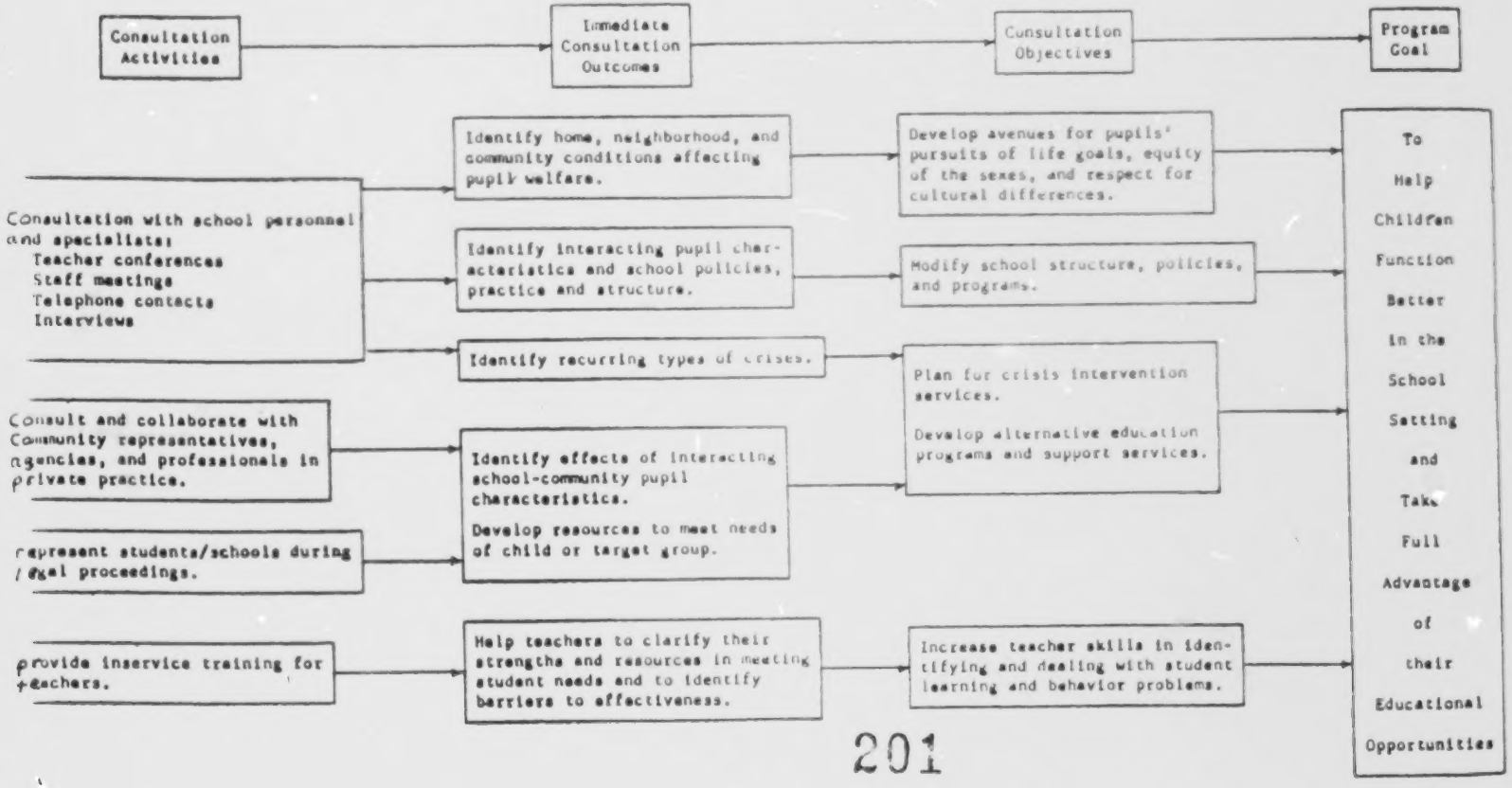
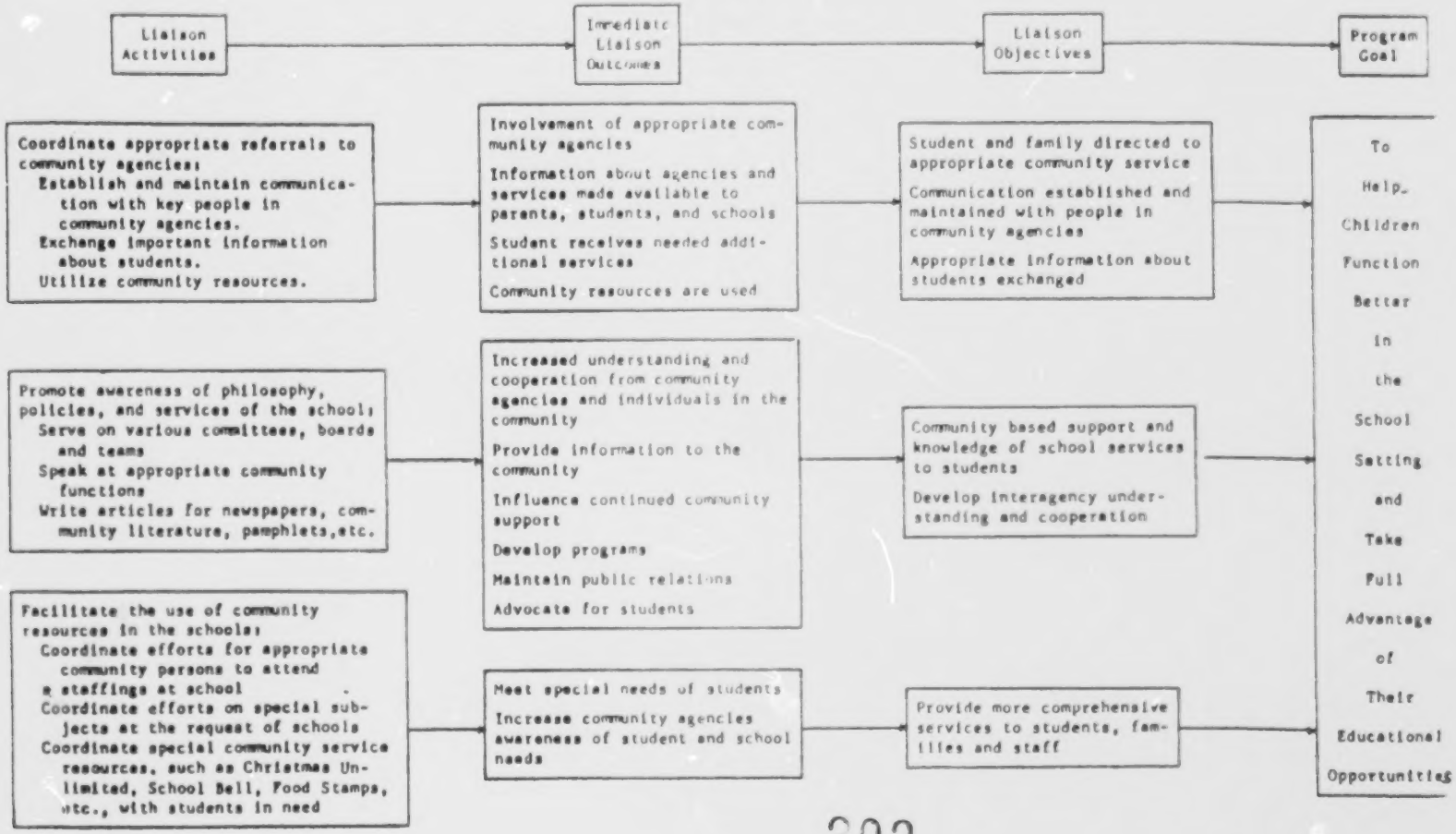

Consultation Activities
Immediate Consultation Outcomes
Consultation Objectives
Program Goal
Consultation with school personnel and specialists:
Teacher conferences
Staff meetings
Telephone contacts
Interviews
Identify home, neighborhood, and community conditions affecting pupil welfare.
Identify interacting pupil characteristics and school policies, practice and structure.
Identify recurring types of crises.
Develop avenues for pupils' pursuits of life goals, equity of the sexes, and respect for cultural differences.
Modify school structure, policies, and programs.
Plan for crisis intervention services.
Develop alternative education programs and support services.
Consult and collaborate with Community representatives, agencies, and professionals in private practice.
Identify effects of interacting school-community pupil characteristics.
Develop resources to meet needs of child or target group.
represent students/schools during legal proceedings.
provide inservice training for teachers.
Help teachers to clarify their strengths and resources in meeting student needs and to identify barriers to effectiveness.
Increase teacher skills in identifying and dealing with student learning and behavior problems.
To Help Children Function Better in the School Setting and Take Full Advantage of their Educational Opportunities

FIGURE 4.

SCHOOL SOCIAL WORK PROGRAM MODEL

LIAISON


Liaison Activities
Immediate Liaison Outcomes
Liaison Objectives
Program Goal
Coordinate appropriate referrals to community agencies:
Establish and maintain communication with key people in community agencies.
Exchange important information about students.
Utilize community resources.
Involvement of appropriate community agencies
Information about agencies and services made available to parents, students, and schools
Student receives needed additional services
Community resources are used
Student and family directed to appropriate community service
Communication established and maintained with people in community agencies
Appropriate information about students exchanged
Promote awareness of philosophy, policies, and services of the school:
Serve on various committees, boards and teams
Speak at appropriate community functions
Write articles for newspapers, community literature, pamphlets, etc.
Increased understanding and cooperation from community agencies and individuals in the community
Provide information to the community
Influence continued community support
Develop programs
Maintain public relations
Advocate for students
Community based support and knowledge of school services to students
Develop interagency understanding and cooperation
Facilitate the use of community resources in the schools:
Coordinate efforts for appropriate community persons to attend a staffings at school
Coordinate efforts on special subjects at the request of schools
Coordinate special community service resources, such as Christmas Unlimited, School Bell, Food Stamps, etc., with students in need
Meet special needs of students
Increase community agencies awareness of student and school needs
Provide more comprehensive services to students, families and staff
To Help Children Function Better in the School Setting and Take Full Advantage of Their Educational Opportunities

BEST COPY AVAILABLE

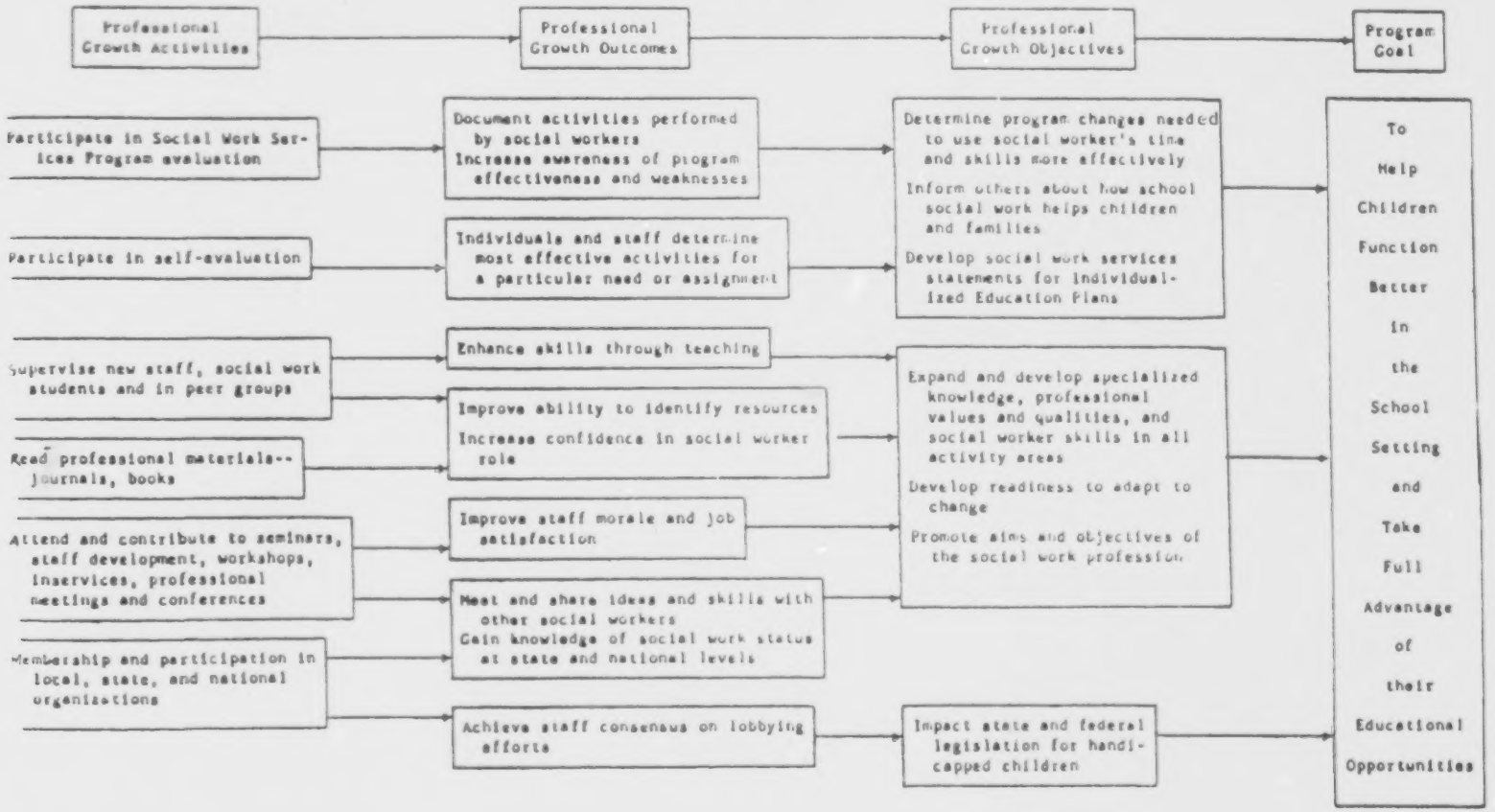
BEST COPY AVAILABLE

203

FIGURE 6.

SCHOOL SOCIAL WORK PROGRAM MODEL

PROFESSIONAL GROWTH


Professional Growth Activities
Professional Growth Outcomes
Professional Growth Objectives
Program Goal
Participate in Social Work Services Program evaluation
Participate in self-evaluation
Supervise new staff, social work students and in peer groups
Read professional materials--journals, books
Attend and contribute to seminars, staff development, workshops, inservices, professional meetings and conferences
Membership and participation in local, state, and national organizations
Document activities performed by social workers
Increase awareness of program effectiveness and weaknesses
Individuals and staff determine most effective activities for a particular need or assignment
Enhance skills through teaching
Improve ability to identify resources
Increase confidence in social worker role
Improve staff morale and job satisfaction
Meet and share ideas and skills with other social workers
Gain knowledge of social work status at state and national levels
Achieve staff consensus on lobbying efforts
Determine program changes needed to use social worker's time and skills more effectively
Inform others about how school social work helps children and families
Develop social work services statements for Individualized Education Plans
Expand and develop specialized knowledge, professional values and qualities, and social worker skills in all activity areas
Develop readiness to adapt to change
Promote aims and objectives of the social work profession
Impact state and federal legislation for handicapped children
To Help Children Function Better in the School Setting and Take Full Advantage of their Educational Opportunities

BEST COPY AVAILABLE

THE BULLETIN OF THE NATIONAL ASSOCIATION OF SCHOOL SOCIAL WORKERS: A BIBLIOGRAPHY

Part III

James G. McCullagh

Present record forms Michigan visiting teacher program. 23(2), 1948, 14-15.

Pritchett, Leanora E. Multiple facets of the school social worker's role: Interpretation to teachers through group conferences and discussions, 29(2), 1953, 10-16.

Proposed revision of statement of function of the home and school visitor. 21(1), 1945, 5-12. [This report was referenced by Smalley and followed her article "Social work and the school."]

Publications. 8(4), 1933, 4.

Quane, Margaret. Pioneering in school social work-paving a way for a successful program: Professional support from school administrators, 29(1), 1953, 9-13.

Quattlebaum, Virginia. Focus the child: The teacher and the visiting teacher work together, 27(4), 1952, 21-30. Reprinted in Lee, 362-372.

Raising standards for certification. 10(4), 1935, 13-15.

Ramsdell, Leroy A. The neighborhood approach in community organization, 15(1), 1939, 1-12.

Range, Frances L. The visiting teacher in the elementary school, 3(2), 1927, 4-6.

Rannells, Emilie. Foreword to article by Dortort, 30(1), 1954, 38.

_____. Teachers and the school counseling service: A talk given to the faculty of an elementary school, 25(4), 1950, 12-17. Reprinted in Lee, 310-315.

_____. The importance of the school years, 9(4), 1934, 2-9.

Journal of School Social Work
Vol. 2, No. 2, Fall-Winter, 1988 p.p. 31 - 40

A recommendation for the adoption of visiting teacher work in Holland. 7(2), 1931, 4.

Redl, Fritz. The chances for success in guidance work: A few considerations on the importance of the initial situation, 13(2), 1938, 1-8.

Reed, Carroll R. Foreword, 8(5), 1933, 1.

Reed, Dorothy. Today's child and tomorrow's problem, 9(3), 1934, 1-3.

References on school social work, 25(3), 1950, 31. Reprint from Understanding the Child, 19(1), 1950, 31.

Regarding the Bulletin. 9(2), 1934, 8.

Reprints available. 10(4), 1935, 15; 10(5), 1935, 16.

Reports on visiting teacher participation in educational conferences. 11(1), 1936, 17-19.

Request for exhibit material. 9(2), 1934, 8.

Reynolds, Bertha C. Discussion of "The role...." by French, 11(3), 1936, 14-17.

Reynolds, Ethel. Proposed changes in membership requirements for American Association of Visiting Teachers, 12(4), 1937, 1-2.

Robert, Louis D. Three aspects of the work of the visiting teacher in Louisiana, 22(4), 1947, 3-5.

Robinson, Bruce R. Foreword, 8(4), 1933, 1. [See Newark Department of Child Guidance Staff.]

_____. The school as a social force from the point of view of a psychiatrist, 2(6), 1926, 26.

Robinscn, Virginia P. The school as a social force from the point of view of the social worker, 2(6), 1926, 23-25.

_____. Treatment possibilities in short interview contacts, 8(3), 1932, 1-4.

Rochester, New York Visiting Teacher Staff. The third issue, 1(3), 1925, was also issued as the annual bulletin (No. 2, April 1925) by the Department of Visiting Teachers. The contents follow: Foreward, 3; assignment of visiting teachers staff, 4; the opening

of a new school, 5; the mother in industry, 6-7; personality traits, 8-11; the Children's Memorial Scholarship Fund Inc., 12-13; notes from visiting teacher and scholarship records re Joseph Scarentino, 14; contacts with social agencies, 15; our relation to other agencies, 16-20; the normal students' course with the visiting teacher, 21-23; statistical semester report, 24-27; the Piper by Josephine Preston Peabody.

_____. "The material for this issue [8(6a), June 1933] is the work of the Visiting Teacher staff in Rochester, New York." The contents follow: Excerpts from an address to the teachers of Rochester, New York by Herbert S. Weet, 1; foreword, 2; the beginnings, 2-3; recording, 4; trends in Rochester visiting teacher work since 1913, 4-5; the visiting teacher and prevention of delinquency, 5; new books, 5; the visiting teacher and an educational program, 6; annual meeting, 6; case material illustrating treatment processes 1913 and 1933, 7-8; Children's Memorial Scholarship Fund, 8.

Rogers, Margaret. Discussion of Miss Robinson's paper [Treatment possibilities....], 8(3), 1932, 5-6.

_____. Recording in a school child guidance clinic, 8(1), 1932, 1, 3-4.

Romano, John. Children in war time, 18(2), 1943, 1-6.

Rosenbaum, Milton. Psychological factors in delinquent boys, 19(1), 1944, 10-18.

Roser, Mark. Case work thinking in the public schools, 18(2), 1943, 11-13.

_____. Plans for city-wide child care program in Gary, 18(2), 1943, 10-11.

Rosner, Joseph. Discussion of articles by Goller and Auerbach, 30(2), 1954, 17-19. Reprinted in Lee, 284-287.

Ross, Helen. Planning for school children in a period of crisis, 28(1), 1952, 3-8.

_____. The individual and his group, 13(4), 1938, 11-15.

Routzahn, Mary Swain. Public support for visiting teacher work, 9(1), 1934, 1-3.

Ryan, Della. The visiting teacher in the junior high school, 3(2), 1927, 14-16.

Ryan, W. Carson, Jr. Editorial, 11(1) 1936, 1.

_____. How the visiting teacher point of view can be of help to classroom teachers, 2(6), 1926, 21.

_____. The visiting teacher's opportunity, 12(2), 1937, 1-2.

Saddoris, Bess. Recognition of problems among first grade pupils: Teacher and counselor work together, 23(3), 1948, 25-27.

Scholarships. 11(2), 1936, 20.

Sherzer, Josephine. The visiting teacher in high school, 3(2), 1927, 17-19.

_____. Visiting teacher examination in New York city, 11(2), 1936, 20.

Sikkema, Mildred. An analysis of the structure and practice of school social work today, 25(3), 1950, 447-453. [First article in issue but same pagination as original article.] Reprint from Social Service Review, 23(4), 1949, 447-453. Reprinted in Lee, 98-106.

_____. Removing the causes of non-attendance at school, 29(4), 1954, 3-11. Reprint from Baltimore Bulletin of Education, 30(1), 1952, 27-33. Reprinted in Lee, 220-230.

Simmons, J. Andrew. The place of temporary shelters in treatments, 25(4), 1950, 18-24.

Simon, Paul. Social group work in the schools, 31(1), 1955, 3-12. Reprinted in Social work in schools: Patterns and perspectives, 45-60.

Smalley, Ruth E. Discussion of article by Hankins, 25(1), 1949, 13-16.

_____. Discussion of "The role...." by French, 11(3), 1936, 17-20.

_____. Review of Wayward youth by August Aichorn, 10(5), 1935, 12-13.

_____. School counseling as social work, 30(4), 1955, 21-34.

_____. School social work as a part of the school program, 22(3), 1947, 51-54. Reprint from Education for Victory, 2(20), April 20, 1944, 7-8. Reprinted in Lee, 61-64.

_____. Social case work techniques in attendance service, 16(3), 1941, 6-15. Reprinted in 22(4), 1947, 11-18.

_____. Social change and case work, 18(3), 1943, 1-15.

_____. Social work and the school, 21(1), 1945, 1-4.

_____. Some elements of supervision in school social work, 26(4), 1951, 3-13. Reprinted in Lee, 420-429.

_____. Some implications for the practice of psychiatric case work in the visiting teacher field, 13(1), 1937, 1-13.

_____. Suggestions for group treatment, 10(4), 1935, 10-13.

_____. The philosophy and objectives of adjustment services as expressed in practice, 28(2), 1952, 9-19. Reprinted in Lee, 21-31.

_____. The significance of believing-for school counsellors, 28(1),1952, 9-18. Reprinted in Lee, 12-20.

_____. The social worker's contribution to children-in-school, 23(2), 1948, 16-25.

Smith, Helen Raymond. Discussion of article by Payne, 2(6),1926, 20.

Smith, Rhoda. A graduate student's experience, 3(4), 1927, 20.

Social welfare exhibit at N. E. A. 8(5), 1933, 4.

Social work's first year book. 6(3). 1930, 3.

Sommer, Agnes T. See Anderson, Pearle E.

Special courses for teachers on problems of school children. 5(1), 1929, 4; 6(1), 1930, 4.

Spence, Irene. Impressions of a visiting teacher in an elementary school, 3(2), 1927, 7-9.

Spence, Louise C. School social work-what is it?, 29(3), 1954, 21-22. [Prologue. See Noar, Florence.]

209

Spencer, Gladys. Eighth Pan American Congress, 18(1), 1943, 13-14.

_____. In review: Children's charter in war time, 18(1), 1943, 12-13.

Spinning, James M. A social work philosophy functioning in a modern school program, 15(2), 1940, 1-15.

_____. Problems for superintendents of schools: Keeping human, 12(3), 1937, 1-6. Reprinted in 22(3), 1947, 14-18.

Spreng, Miriam. Mother! She trusts me!, 25(3), 1950, 29-30. Reprint from Understanding the Child, 19(1), 1950, 29-30.

Stevenson, George S. Second wind for the visiting teacher, 14(2), 1939, 5-7.

Strong, Carolyn. How one student found her field of work, 3(4), 1927, 19.

Swartz, Louis Adrian. An interpretation of the emotional needs of the adolescent, 16(2), 1941, 2-15.

Taber, Robert C. Children caught in cross-currents: The rights and responsibilities of children and parents, 29(4), 1954, 12-21. Reprinted in Lee, 202-210.

_____. Education must rise to the occasion, 23(4), 1948, 9-22.

_____. Public schools are in and of the community, 25(3), 1950, 7-9. Reprint from Understanding the Child, 19(1), 1950, 7-9.

Taft, Jessie. A philosophy of helping in social work, 22(3), 1947, 40-50.

Taylor, Mary N. Contributions of professional social work training to the development of essential school social work skills, 25(4), 1950, 3-11.

["The problem public school systems find in identifying the Visiting Teacher or Home and School Visitor as a social worker...."]. 21(1), 1945, 7-12.

Thompson, Jean A. Children's fears in relation to school attendance, 24(1), 1948, 3-14. Reprinted in Lee, 181-191.

Thomson, John A. A plan for the prevention of reading difficulties, 26(1), 1950, 20-26.

210

Thurman, Arch. School social work as it relates to community services, 31(1), 1955, 13-28.

Timme, Arthur R. and Esther M. Heath. Teacher-visiting teacher relationships, 8(2), 1932, 3-4.

Towle, Charlotte. Discussion of "Changing concepts...." by Hall, 12(1), 1936, 11-16. Reprinted in Readings in social case work 1920-1938, 521-526.

Townsend, M. Ernest. Emotions and the educative process, 12(4), 1937, 3-10.

Trowbridge, Bertha. The visiting teacher in a progressive school, 3(2), 1927, 25-27.

Types of requests from various sources for information regarding school social work in year 1946. 22(3), 1947, 56. [From For your information.]

Understanding the Child. Volume 19(1), 1950 of Understanding the Child was reprinted in 25(3), 1950. See articles by Boston, Jones, Taber, Harland, Leonard, Braunstein, Galloway, Anderson and Sommer, Molyneaux, Spreng, and References on school social work.

Vaughan, Frances. School phobias, 28(3), 1953, 23-31. Reprint from Pittsburgh Schools, 27(2), 1952, 102-111. Reprinted in Lee, 172-180.

Vermont. "The story of the spread of the visiting point of view in Vermont" (p. 15) is found in part II of 3(4), 1927. See references to Holbrook, "Foreword" and "Five years...."; and Cowles, Houston, Kerin, Loper, Smith, and Strong.

Visiting teacher luncheon at superintendents' meeting of N.E.A., 4(2), 1928, 4.

Visiting teacher publicity programs. 9(1), 1934, 4.

Walker, Wilma. Community responsibility in prevention and treatment of delinquency, 10(1), 1935, 5-10.

_____. Foreword, 3(3), 1927, 1.

_____. The visiting teacher without psychiatric services, 9(3), 1934, 5-7.

211

Wann, Harry Arthur. Social planning for the prevention of delinquency, 10(5), 1935, 8-11.

Watson, Goodwin. The teacher's attitude toward racial differences, 6(2), 1930, 3-4.

Way, Nora. Factors outside of the class room which affect the child's success in school, 8(3), 1932, 7-8.

Webster, W. F. Foreword, 2(2), 1926, 4.

Weet, Herbert S. Excerpts from an address to the teachers of Rochester, New York, 8(6a), June 1933, 1.

Wessel, Rosa. Field work in the training of school counselors, 27(3), 1952, 18-27.

Westby, Helen Hewes. Mental health in the classroom, 24(2), 1948, 19-23.

Weston, Helen E. Contribution of the visiting teacher in adjustment of personality and behavior problems of children, 17(1), 1941, 2-13.

_____. Pioneering in school social work-paving a way for a successful program: Early beginnings of school social work, 29(1), 1953, 3-9.

_____. School social work 1953, 30(2), 1954, 20-30. Reprinted in Lee, 120-129.

_____. The use of mental hygiene clinics in the school, 23(1), 1947, 9-15.

Wheeler, Carolyn R. An evaluation of visiting teacher work through the study of movement, 30(1), 1954, 18-27.

White-Williams Foundation Staff. Social work within the school, 11(2), 1936, 2-10.

_____. The second issue, 1(2), compiled by the Foundation staff was also issued as volume 4(6-7), February and March, 1925 as a Monthly Bulletin of the White-Williams Foundation. The contents follow: Foreword, 3-4; counseling staff, 4; some significant facts gleaned from a survey of 934 cases, 5-8; relationship of school counselor to other school departments, 8-10; glimpses of a counselor's week, 11-15; the immigrant, 15; records, 16; a

story, 17-21; book reviews, 21; high school counseling by members of the teaching staff, 22; scholarship work, 23-24; counseling in the parish schools, 25-26; book reviews, 26; department of training, 27-29.

Who's who in this issue. 10(5), 1935, 11.

Wildy, Lois. Becoming acquainted with the child in every day contacts, 17(2), 1942, 2-17.

Wille, Jane. Cooperative practice between family service workers and school social workers in local communities, 30(1), 1954, 11-17.

_____. School social work in relation to the use of community agencies, 24(3), 1949, 3-10. Reprinted in Lee, 390-397.

_____. The relation of the school to protective services for children, 24(4), 1949, 19-26. Reprinted in Lee, 397-404.

_____. The school social worker helps the child through collaboration with other school personnel, 31(1), 1955, 29-33.

Williams, Irene H. Strengthening family life: How much can the teacher do?, 27(4), 1952, 14-20. Reprint from Hawaii Educational Review, April 1952, 208-211, with the following title: How much can the teacher do in strengthening family life?

Wilson, Alfred M. (Mrs.). Interpretation of school social work to the community, 26(1), 1950, 3-10.

Wilson, Gertrude. Cooperative services as seen by a group worker, 13(4), 1938, 1-6.

Winberg, Joyce. The school social worker's contribution to the child's social development, 22(2), 1946, 2-14. Reprinted in Lee, 76-87.

Wright, Christina. Reading disability as a factor in personality maladjustment, 21(3), 1946, 7-12.

Young, Edith and Dorothy Zwink. Experiments in preventive work with 1B children, 23(4), 1948, 3-8.

Young, Marechal-Neil. Childen with social and emotional problems: How can special services help children with problems in school adjustment?, 27(2), 1951, 22-33.

_____. Teacher-counselor relationships in secondary schools, 24(3), 1949, 11-17.

Zachry, Caroline. Mental hygiene in the classroom: Do we have mental hygiene in America?, 8(3), 1932, 6-7.

Zwink, Dorothy. See Young, Edith.

References

Alderson, J. J. (Ed.). (1969). Social work in schools: Patterns and perspectives. Northbrook, IL: Whitehall.

Capacchione, M. A. (1956). The role of the social worker in the school setting: An annotated bibliography of professional periodical literature from 1944 through 1954, Social Work Papers, 4 (Suppl.), 1-12.

Everett, E. M. (1924). To the members of the N.A.V.T., The N.A.V.T. Bulletin, 1(1), 1.

Lee, G. (Ed.). (1959). Helping the troubled school child: Selected readings in school social work, 1935-1955. New York: National Association of Social Workers.

Lowry, F. (Ed.). Readings in social casework 1920-1938. New York: Columbia University Press, 1939.

Prawl, M. L. (1956). School attendance services as reported in education and social work periodicals: With an annotated bibliography of articles from 1946 through 1955, Social Work Papers, 4 (Suppl.), 13-30.

ABOUT THE AUTHOR

James G. McCullagh, Ed.D., ACSW, LSW, is Associate Professor in the Department of Social Work, University of Northern Iowa, Cedar Falls, Iowa.

214

IOWA SCHOOL SOCIAL WORKERS' ASSOC.

. . . serving home, school, and community

MANUSCRIPTS: Contributions are welcomed and may be submitted to S. Verrette, Heartland AEA, 301 1st Street South, Newton Iowa 50208. Send a typed original and three (3) copies. Please attach an abstract of approximately one hundred (100) words and a vita of approximately fifty (50) words. The author should retain a copy in case of loss through the mail

Manuscripts will be reviewed anonymously by the editors and the members of the Advisory Board. Authors will receive notification of acceptance. Unless a manuscript is accompanied by a stamped, self-addressed envelope, it cannot be returned to the author.

SUGGESTIONS TO CONTRIBUTORS: Manuscripts may deal with school age children, school staff, community, coordination of programs and research. All submissions should be applicable to social work in the schools, and preference will be given to those focusing on practice issues. All manuscripts should follow the 1983 APA (American Psychological Association) style. Footnotes, where necessary, should be set at the end of the text.

Articles and essays may take the form of research articles, case studies, descriptions of special projects, formulations of practice techniques, interviews, etc. In no case should articles exceed twelve (12) double spaced typewritten pages. Footnotes are discouraged; whenever possible, documentation should be embodied in the text.

Brief notes may be the form of practice aids - such as minibibliographies or resource lists - or of reviews of pertinent books, journals, or in-state workshops by major practitioners. The occasional literary piece may be considered when it concerns issues of significance to social workers. Notes longer than four (4) double spaced typewritten pages will not be considered.

Journal of School Social Work
Heartland AEA
301 1st St. South
Newton, Iowa 50208
USA

IOWA SCHOOL SOCIAL WORKERS' ASSOC.

. . . serving home, school, and community

IOWA JOURNAL OF SCHOOL SOCIAL WORK

APRIL, 1989
VOL. 3, NO. 1 & 2

217

LG03087

EDITORIAL STAFF

Manuscript
Editor
Ronda Parks Armstrong, L.S.W.
AEA #11
6500 Corporate Dr.
Johnston, IA 50131

Book & Film
Review Editor
Kate McElligatt, L.S.W.
AEA #7
3706 Cedar Hgts. Dr.
Cedar Falls, IA 50613

Managing Editor
Marlys Parcell Jordan, M.S.W.
AEA #11
6500 Corporate Dr.
Johnston, IA 50131

EDITORIAL BOARD

Charlene Struckman, L.S.W.
Supervisor,
School Social Work Services
AEA 7
Cedar Falls, Iowa

James P. Clark, L.S.W.
Consultant,
School Social Work Services
Bureau of Special Education
Iowa Department of Education
Des Moines, Iowa

John Montgomery, Ph.D.
Supervisor,
School Social Work Services
AEA 6
Marshalltown, Iowa

Marlys Staudt, M.S.W.
School Social Worker
Great River AEA 16
Burlington, Iowa

Ron Palumbo, L.S.W.
Psychiatric Social Worker
McFarland Clinic
Ames, Iowa

Sallie C. Verrette, ACSW
School Social Worker
Heartland AEA II
Newton, Iowa

The Iowa Journal of School Social Work is a professional publication dedicated to extending knowledge and improving practice of social work in educational settings. The Journal is published by the Iowa School Social Workers' Association. Articles and advertisements do not constitute an endorsement by the Iowa School Social Workers' Association.

The subscription rate if $8.00 for individuals and $16.00 for libraries. Advertising inquiries, subscription inquiries, and changes of address should be mailed to: Marlys Parcell Jordan, Heartland Area Education Agency, 6500 Corporate Drive, Johnston, Iowa 50131.

April, 1989
Volume 3, Numbers 1 & 2

Iowa Journal Of School Social Work

EDITORIAL COMMENTS

Ronda Parks Armstrong 1

VIEWPOINTS

Transcending Our Legacy
Leahgreta L. Spears 2

ARTICLES

The Legacy of ISSWA's First 20 Years
Alvin J. Flieder 3

School Social Work in Iowa: Opportunities for the Future
James P. Clark 10

Child Study Teams: A Pre-Referral, Problem-Solving Approach
Donald J. Kehrwald and Gary E. Lewis 15

Toward Systematic Measurement in School Social Work
Henry L. Pothast and Mary M. Bouillion 22

The Special Needs Program as a Social Skill Building Tool
Marc A. Singer 28

PRACTICE PERSPECTIVES

Expecting the Unexpected: How A Crisis Response Plan Can Help You
Lynn Grooters and Ellen Weber 43

Dealing With Parental Anger
M. Paul Alexander 48

Renewal Of Ourselves
Philip A. Piechowski 54

BOOK AND FILM REVIEWS

Kate McElligatt 57

David N. Sandberg, Chronic Acting-out Students and Child Abuse: A Handbook for Intervention

Matthew Galvin, M.D., Otto Learns About His Medicine

American Red Cross, "Letter from Brian"

Team Entertainment, "The Diary" and "The Necklace"

EDITORIAL COMMENTS

There are several reasons why this is a hallmark issue of the Iowa Journal of School Social Work. The fact that it is being distributed in conjunction with the twentieth anniversary year of Iowa School Social Workers' Association (ISSWA) deserves special mention. Initiating this journal has been one of the significiant highlights of ISSWA's two decades of commitment to professional development and enhancement of social work practice in schools. As ISSWA enters its third decade, the organization continues to support The Journal in order to disseminate knowledge relevant to practice and to promote effective and accountable models of practice. The Journal provides school social work practitioners with a prime opportunity to assist in advancing the professional knowledge base.

No longer is The Journal in its infancy. This issue marks the transition from the first to the second editorial team. This passing of leadership symbolizes that The Journal is expanding beyond a beginning stage of development. It is entering a phase of growth in contributors, readership, and breadth of topics.

In keeping with this expanded phase of development, readers will note new features in this issue. There are specific sections for Viewpoints, Practice Perspectives, and Book and Film Reviews, as well as articles. The intent of this format is to increase the usefulness of The Journal and to provide varied avenues for input.

Finally, this is a momentous issue because the material in it reflects the growing focus on identifying effective interventions and documenting outcomes, the renewed system for special education service delivery, and serving at-risk youngsters. If ever a time for school social workers to actively share the results of their practice with others, to expand their knowledge base, to identify or develop strategies to address current needs and opportunities, it is now. This is a crucial time for school social workers and those presently served, as well as those who would benefit from services. The current education initiatives and priorities described by Clark (pp. 10-14) provide key opportunities to envision and mobilize support for increased school social work services. To further this vision, ISSWA and individual practitioners and supervisors must be highly involved in decision making and advocacy efforts related to these initiatives. The Journal can play a leading role to help generate the knowledge, support, and resources necessary to realize this vision of an expanded arena for school social work services. To borrow from ISSWA's current, successful membership theme, "Be a Part of the Solution!" The staff of The Journal is ready to meet this challenge. Are you?

Ronda Parks Armstrong, L.S.W.
Manuscript Editor

VIEWPOINTS

TRANSCENDING OUR LEGACY

As we continue to celebrate the twentieth anniversary of The Iowa School Social Workers' Association, it seems only fitting that we pay tribute to those who make possible a linkage, between our past, our present, and our future -- the Editors and members of the Editorial Board of THE IOWA JOURNAL OF SCHOOL SOCIAL WORK.

Since its inception three years ago, social workers have had the opportunity and privilege of sharing significant research, current models of practice, and innovative applications of basic social work skills within the school setting through their many and varied contributions. And now, as we embrace the past with remembrance, and the future with new perspectives, The Journal becomes even more appealing. We can review studies on our effectiveness as practitioners, reflect on a broad array of articles that demonstrate how we utilize skills (to meet current social problems affecting student adjustment and academic achievement,) and consider books and films that relate to our practice.

Where else can we find such a magnetic forum that respects and nurtures our professional needs?

We appreciate the diversity and commend all who have made this a meaningful and successful venture. The Journal is indeed a real tribute to school social work, and a sound media of promise that not only preserves, but transcends our legacy as a professional organization.

Leahgreta L. Spears, ACSW, LSW
President
Iowa School Social Workers' Association

Viewpoints: This section is for reader comments about articles and other related issues. We welcome your input.

THE LEGACY OF ISSWA'S FIRST 20 YEARS

ALVIN J. FLIEDER

During its first 20 years, the Iowa School Social Workers' Association (ISSWA) contributed to the successful development of school social work practice in Iowa, the midwest, and nationwide. This article traces events in three distinct periods of ISSWA's history, each with its challenges and accomplishments.

INTRODUCTION

1907 is recognized as the first year in which social workers began serving students, teachers and other personnel within the school milieu, adding their skills to help achieve the mission of education in the United States. Back then they undoubtedly needed to learn about the education system, much like visiting teachers needed to learn about social work in order to perform their functions. The combining of these roles reflects recognition of the advantage to be gained by blending resources of home, school and community on behalf of children, for the enhancement of our society.

Most likely these early school social work pioneers experienced needs which present-day professional organizations, such as ISSWA, attempt to meet. What purposes do professional organizations serve in a practice area such as school social work? Generally speaking their functions cluster in ten categories:

1) Continuing education - practice advancement and skill building opportunities which are made available through conferences, workshops and institutes.

2) Generation, organization, dissemination and storage of the professional knowledge base - this is done through research, journals, newsletters, archives and the like, which enable practitioners to do their jobs more effectively.

3) Projection of a positive, professional image to consumers and the public in general - positive media exposure and recognition of professional successes build credibility and set positive expectations on the part of consumers; this includes representation of social work in interdisciplinary initiatives on state, regional or national levels.

4) Networking - opportunities to establish professional communication linkages with colleagues in the field. This facilitates innovation and positive change. A sense of isolation can be neutralized through the security of knowing one can contact a colleague to problem solve or share a success story.

5) Legislative affairs - this might include initiating, monitoring or inputting into the development of relevant legislation on local, state, and/or federal levels.

6) Coalition building - with allied professional groups to weave a comprehensive array of services for consumers, minimizing duplication and extending influence and viability.

7) Maintenance of ethics and practice standards - to protect consumers and the profession from malpractice which could result in erosion of public credibility and/or injury to clients.

8) Support relevant preservice training programs - by developing liaison with schools of social work so as to make classroom and field experience relevant to contemporary best practice.

9) Leadership development - through assuming positions of increasing responsibility which prepares members for leadership in the organization and the profession.

10) Uniformity and continuity of services within the profession - exchanging information and techniques via the organization's activities will have an "averaging" effect between geographically and organizationally separated practitioners.

THE EARLY YEARS (1968 - 1974)

Several decades after school social work became established in the East, Iowans recognized it as a profession equipped to intervene into many social and personal problems which threaten the ability of children to benefit from formal education. School social work in Iowa had its beginning in the early 1960's when it was positioned to tackle behavior, attendance and family problems. Social work's appeal was generated in part from its graduate study which emphasized interpersonal relations, systems theory and community organization along with the acquisition of practical skills from supervised practical training (Bramschreiber 1982). A number of social workers were employed in the school systems of more populated areas.

When the National Association of State Consultants in School Social Work held its annual meeting in 1966, there was concern over the need for increased school social work leadership within the US Office of Education and the National Association of Social Workers. Over the next six months the consultants from Iowa, Illinois and Wisconsin held several meetings. One outcome of their meetings was the decision to invite selected state department of education personnel and school social workers from neighboring states to the 1967 Illinois School Social Work Conference to be held in Zion. The response to the Illinois Conference was encouraging and the idea for an annual Midwest Conference was generated (Staples and Tosby, 1973).

The Illinois State Department of Public Instruction (DPI) later sponsored an invitational meeting held at Pere Marquette State Park in Grafton, IL. Supported by Title VI ESEA funds, pupil services personnel from eight Midwest states were in attendance: Iowa, Indiana, Illinois, Kentucky, Michigan, Missouri, Minnesota, and Wisconsin. "Part of this group felt a national school social work conference was needed as a means of clarifying the role and function of school social workers. A number of the other participants recognized the need, but felt priority should be given to a meeting that would focus on the full gamut of services to children" (Staples and Tosby, 1973).

As a result of the Grafton meeting a conference planning committee, including Larry Pool of Iowa, met in Dubuque, Iowa during December, 1967, to formulate concrete plans for a conference. In January, 1968, the State Departments of Education which participated in the Grafton Conference were invited to join Illinois in co-sponsoring the first Midwest School Social Work Conference by making a financial commitment. Initial working capital totaled $2500. The goal was to end each conference with enough funds to assist the next host state as the responsibility rotated to each in turn (Staples and Tosby, 1973).

The first Midwest School Social Work Conference was held in September, 1968. Six hundred professionals attended while 200 others were turned away due to lack of space. Larry Pool represented Iowa at the first Midwest Board meeting on September 29, 1968.

Partially as a result of these relationships, ISSWA was founded in October of 1968 when a group of school social workers met at Saydel School north of Des Moines. Included in this group of 15 people were some visiting teachers from the area. They elected ISSWA's first President, Keith Klyn. These were times of growth and experimentation; services were distributed over huge geographical areas. With the combined efforts of dedicated school social workers, county superintendents, directors of special education, and Iowa Department of Public Instruction personnel (like Dick Fischer, State Director of Special Education), school social work began flourishing.

As we have seen, ISSWA's early development was closely linked to the Midwest regional organization. Between its creation in 1968 and the mid - 1970's they jointly provided the professional beacon and networking function utilized by Iowa's school social workers. Iowa expressed its educational leadership when the General Assembly passed Senate File 1163 which created intermediate education agencies to be known as Area Education Agencies (AEAs). The 15 AEAs covered the entire state, with a key goal of providing Iowa's predominately rural population with equity of access to their many services. Providing special education support services, of which school social work was one service option, constituted a major strand of each AEA's mission. This, combined with PL 94-142 The Education for All Handicapped Childrens' Act on the Federal level, was the enabling legislation which provided the impetus for the greatest development of school social work.

EXPANSION (1975 - 1981)

If ever there was a golden era for school social work in Iowa, it was during the time between the creation of the AEAs and the first year of the Reagan Presidency. As AEAs built their structure, the overwhelming majority included school social work programs as a support service within special education.

School social workers most often serve on multi-disciplinary teams - one of several procedural safeguards for children. AEAs developed annual state plans to fulfill "full service" goals due by 1980. This led to hiring numerous additional school social workers, to a peak of nearly 230 statewide.

The basis for further development of ISSWA services was thereby established. Annual Fall and Spring conferences became the standard, in addition to the Midwest School Social Work Conference which rotated among the nine member states. ISSWA hosted a very successful Midwest Conference, (Fall, 1979) at the Des Moines Hilton Inn with nearly 300 people in attendance..

About 1981 a committee of school social workers was assembled to begin looking at the possibility of upgrading the certification under which Iowa's school social workers practice. This began the arduous process to formally pursue certification, and ended in October, 1988 when a set of standards for certification of school social workers was adopted by the Iowa Department of Education.

Possibly the most drastic interruption of the expansionary period took place during Spring, 1981, when the Reagan Administration began implementing policies of the New Federalism, deregulation and decentralization. Severe funding cuts and "dismantling" of the US Department of Education were threatened. This led to the necessity for employers to issue the dreaded "pink slips", or termination notices, to some school social work staff members, among others. Fortunately for many, the funds were not slashed as severely as anticipated and many professionals were recalled. There was one instance where a small department was threatened, and some cases where individual school social workers were terminated. The ISSWA Board could only appeal to employers' judgment to retain valuable direct services through those trying times. To our knowledge only a small number of school social workers lost their jobs. Nevertheless, going through the process was traumatic for school social workers and administrators alike.

RECENT YEARS (1982 - 1989)

The effects of the New Federalism had a deep and sobering impact. Recovery from the shocks, however, brought out new initiatives, new learning and improved leadership for ISSWA.

During Fall, 1982, there was an attempt on the federal level to revise the regulations emanating from PL 94-142, including Related Services, which pertains to school social work. ISSWA submitted verbal and written testimony on the matter and encouraged others to do likewise. In large part due to the receipt of 19,000 pieces of written testimony along with 1426 witnesses who testified at 11 public hearings, the "fed" dropped its proposal to revise the Related Services regulations (McCullagh, 1987).

The clarity and strength of this public outcry appeared to have attenuated similar motivations. The experience helped ISSWA leadership to assume a more proactive posture, recognizing that the organization operates in a potentially volatile political climate. A Legislative Affairs Committee was established during the 1983-84 school year as a standing committee of ISSWA. It was intended to work with NASW, ISEA, The Coalition for the Disabled, and any other relevant lobbying efforts on behalf of school social workers and the consumers we serve.

Another activity which might be seen as somewhat connected to the New Federalism was A Nation at Risk, the 1983 report of the National Commission on Excellence in Education. It produced a series of reactions such as Iowa's FINE Report (First in the Nation in Education) and NASW's The Human Factor: A Key to Excellence in Education. ISSWA leadership provided input to both of these studies.

In recognition of the political climate of the 1980's, ISSWA officers have embarked on networking and coalition-building goals for several years. It is recognized that the days of special interest politics are "out" and collaborative approaches are "in". Of course this means putting aside internal distractions and attending to the bigger perspective, even though it is more complex.

State associations like ISSWA now have a different relationship to the Midwest School Social Work Council than in the early years. In the beginning it seems that state associations were rather dependent upon the Midwest Council for guidance and support. As the state associations have established viability and support within their home states, their relationship with the Midwest Council has tended to reverse. State Association Presidents have been included as full participants on the Midwest Council since ISSWA officers moved for this in 1984 on the grounds of increased need for communication and unity.

In addition to participation the Midwest Council, two ISSWA members have been appointed to NASW's Practice Advancement Council on Social Work Services in Schools and two others served on its successor, the Commission on Education. These bodies have attempted to serve the policy and practice interests of school social work on the national level within NASW.

One of the more recent activities of ISSWA, namely the creation of The Iowa Journal of School Social Work, promises to add to the recorded knowledge base and communicate the expertise of Iowa's practitioners. To our knowledge, this is only the 6th such school social work journal ever, and one of the only three in circulation today.

INTO THE 1990's

What are some of the school social work-relevant challenges that lie ahead? Many can be identified without thinking too long or too hard. In terms of the political scene, we have a President who wants to be known as "the Education President," as well as a Governor and a powerful US Senator who will be running for re-election soon. The directions these posts take could have an effect on our jobs and our customers. Other areas where ISSWA could have an impact, or be impacted, are as follows: Children at risk, AIDS, special education reform, dropout and drug abuse prevention, compulsory attendance, interagency collaboration, school-age parents, case management, Parent Educator Partnership, child study teaming, pupil services model and education of disadvantaged children.

ISSWA approaches the 1990's as an organization with a rich legacy, a comprehensive array of activities, and a strong membership base. These characteristics place our professional organization in an excellent position to continue the trend of building a positive force for the betterment of children, education and society.

REFERENCES

Bramschreiber, D. (Oct. 20, 1982). School social work presentation to the State Directors of Special Education, Des Moines, Iowa.

Commission on Education, National Association of Social Workers. (1987). School Social Workers . . . Serving Children at Risk. Silver Spring, MD: NASW.

Fisher, R. (1984). The Midwest School Social Work Council. Social Work in Education, vol. 6, 188-123.

McCullagh, J. (1987). Social workers as advocates: A case example. Social Work in Education, vol. 9, 253-263.

Staples, R. and Tosby, G. (1973). Midwest School Social Work Conference: History. Illinois.

ABOUT THE AUTHOR

Alvin J. Flieder, ACSW, LSW has been involved in school social work since 1975 and is currently Supervisor of the School Social Work Program at Grant Wood Area Education Agency in Cedar Rapids, Iowa. He is a past President of ISSWA. In addition, he has served for four years on the Midwest School Social Work Council and two years on the NASW Commission on Education.

SCHOOL SOCIAL WORK IN IOWA:

OPPORTUNITIES FOR THE FUTURE

James P. Clark

The potential for future growth and development of school social work programs and services in Iowa is discussed in relation to two major special education initiatives, i.e., implementation of services to infants and toddlers under Part H of the 1986 Education of the Handicapped Amendments (P.L. 99-457), and a comprehensive effort to renew Iowa's special education service delivery system. New state school standards dealing with services to students at risk and re-authorization of the Education Consolidation and Improvement Act are also discussed in relation to future opportunities for school social work program development and expansion.

The intent of this article is to provoke thought about the future of school social work in Iowa. It is the author's view that future growth and development of programs and services will primarily be determined by the extent to which the profession is successful in associating and aligning itself with major public education priorities and initiatives. Building an agenda for the future must address this task within the current structure of service delivery, i.e., special education, but must also consider the possibilities for developing school social work services in regular education and compensatory education. Consideration of the current status of school social work within special education and the identification of key major education initiatives can provide direction to efforts to shape the future of school social work.

COMING OF AGE IN SPECIAL EDUCATION

Considerable expansion of school social work programs in Iowa has occured since the inclusion of school social work as a related service in Public Law 94-142, The Education For All Handicapped Children Act of 1975 and the creation of fifteen Area Education Agencies (AEAs) through Chapter 273 of the 1975 Code of Iowa. Programs have developed within AEA Divisions of Special Education as these agencies have worked toward establishing a wide range of support services to assist local school districts in their efforts to identify and appropriately serve handicapped children.

The most rapid and significant increase in the number of school social workers employed in Iowa was in the immediate aftermath of P.L. 94-142, i.e., 1975-1980. In this five year period approximately 180 school social workers were added to AEA programs increasing the number of school social workers from approximately 20 to just over 200. (Department of Education, 1980-1988).

While the level of school social work services has remained essentially constant since 1980, much has been accomplished in legitimizing and refining the role of school social work in special education. ALthough programs throughout the state vary greatly in their design, priorities, and emphases, it is clear that school social work has come of age in special education by becoming an integral component of multi-disciplinary support service teams.

SPECIAL EDUCATION INITIATIVES

In considering the future development and continued viability of school social work services in special education, it is essential to identify the relevance of current special education initiatives to school social work practice. Two major initiatives warrant attention in this regard: 1) the state of Iowa's efforts to participate in the federal discretionary program under Part H of the 1986 Education of the Handicapped Amendments (Public Law 99-457) which calls for early intervention services to infants and toddlers, and 2) the comprehensive statewide effort directed at renewing the special education service delivery system.

Although P.L. 99-457 amends federal education legislation, its unique feature is that it calls for the development of a comprehensive statewide system of early intervention services to infants and toddlers (defined as birth through age two). The development of this interagency system does not require the establishment of specific services. Instead it emphasizes a family-centered approach that can best be supported by interagency collaboration and coordination in the planning and delivery of a broad array of services.

Three features of this legislation are clearly of significant relevance to school social work: 1) case management, 2) individualized family service plans (IFSPs), and 3) interagency coordination. While these concepts are, to some extent, considered new innovations by educators, they are well-developed and established components of school social work practice. Given this expertise, it is imperative that school social workers participate in the planning involved with this initiative, advocate for increased involvement with service delivery to this population, and be trainers and resources for educators and other professionals as they prepare to intervene with infants and toddlers in a family-centered manner.

A second major special education initiative that is of great relevance to school social work is an Iowa Department of Education effort to review and renew the state's special education service delivery system. A structure and process titled the "Renewed Delivery System for Special Education Programs in Iowa" has emerged from enlisting the assistance of parents, educational administrators, and various regular and special education professionals in evaluating the effectiveness of special education programs and services.

Participants in this process have identified a number of major issues that will be the focus of planning and implementing needed changes, some of which include the following:

1. Special Education has become separated from general education in the process of delivering services to students requiring special education.

2. There has been a heavy reliance on pull-out programs as the primary delivery method.

3. Concerns have been expressed regarding the movement toward excellence in education relative to its implications for students at the lower end of the academic achievement continuum.

4. The types of programs and services available through special education have been strictly limited to students determined to be eligible to receive such services. (Department of Education, 1989)

Several concepts that have been identified as providing a foundation for improvements in the renewed system have relevance for school social work and have the potential to create opportunities for further development of school social work services and programs.

These include the following:

1. It will be necessary to integrate the resources of general education, compensatory education and special education in addressing the needs of students with learning and behavior problems.

2. The renewed delivery system program innovation will recognize the expertise of special education support and instructional personnel in addressing the challenges of meeting the needs of all students with learning and behavior problems.

3. The utilization of special education support services personnel will not be strictly limited to students requiring special education.

4. The renewed delivery system will create the opportunity to broaden the range of intervention alternatives available to students. (Department of Education, 1989)

The blending of resources from regular education, special education and compensatory education along with support for innovation and broadening the range of intervention alternatives provides opportunities for school social workers to articulate new ways in which their services can be utilized beyond the current role parameters of special education.

STUDENTS AT RISK

According to new standards for accrediting schools, effective July 1, 1989, all Iowa school districts must have a plan for identifying and providing support services to students at risk. "These students include, but are not limited to, those identified as: dropouts, potential dropouts, teenage parents, drug users, drug abusers, low academic achievers, abused and homeless children, youth offenders, economically deprived, minorities, culturally deprived (rural isolated), culturally different, those with sudden negative changes in performance due to environmental or physical trauma and those with language barriers, gender barriers and disabilities." (Department of Education, 1988)

Efforts to renew the state's special education service delivery system described above may afford some additional opportunities to provide school social work services to students at risk. However, with continued support of these services exclusively within special education, it is doubtful that significant levels of service will be delivered to these students. Thus it is imperative that the profession actively advocate for local school district inclusion of school social work services in plans to serve students at risk. In effect what is called for is the development of multi-disciplinary pupil service teams that utilize the diverse expertise of school social workers, school counselors, school psychologists, school nurses, etc.

The school social work profession must consider the initiative to educate Iowa students at risk as an opportunity to further develop school social work in Iowa schools beyond the exclusive auspice of special education. This opportunity represents the potential for school social work to become a part of the mainstream of educational agendas and initiatives.

COMPENSATORY EDUCATION

The Augustus F. Hawkins - Robert T. Stafford Elementary and Secondary School Improvements Ammendments of 1988 (Public Law 100-297) is a major omnibus education law which has re-authorized the Education Consolidation and Improvement Act of 1981, commonly referred to as Chapter I. Provisions for pupil services are included throughout this Act with specific inclusion of school social work in definitions of the terms "pupil services" and "pupil services personnel." In grants received by local school districts under this program school social work services are considered an allowable cost.

A number of programs supported by this Act are clearly relevant to school social work and can be viewed as opportunities to develop school social work services in the compensatory education arena. For example, Chapter 2 in Title I of this Act is directed at meeting the needs of high-cost and at-risk students and authorizes funds to be used for suicide prevention programs. In addition other sections of the Act call for dropout prevention projects and programs, and drug abuse prevention and education programs. School social workers will need to actively advocate at the local school district level where program decisions are made in order to create school social work opportunities in Chapter I programs.

CONCLUSION

School social work in Iowa is clearly at a crossroads. Programs and services will either be maintained at their current level within the special education service delivery system, or new supports for school social work will be realized in regular education and compensatory education. Expansion of programs and services in any significant manner will in large part be determined by how successful the profession is in associating itself with the major educational priorities and initiatives identified in this article.

REFERENCES

Iowa Department of Education. (1980-1988). School Social Work Services: End Of Year Summary Reports.

Iowa Department of Education. (1989). Overview: Implementing Improvements in the Special Education Service Delivery System for Iowa Students.

Iowa Department of Education. (1988). New Standards For Iowa's Schools: Guidelines For Interpretation.

ABOUT THE AUTHOR

James P. Clark, ACSW, LSW is Consultant, School Social Work Services, Iowa Department of Education, Bureau of Special Education. He is currently a member of the Midwest School Social Work Council, a member of the National Association of Social Workers' Commission On Education, and President of the National Council of State Consultants For School Social Work Services.

CHILD STUDY TEAMS:

A PRE-REFERRAL PROBLEM-SOLVING APPROACH

Donald J. Kehrwald and Gary E. Lewis

This article describes the development and implementation of building-level Child Study Teams. This model offers an alternative to evaluation for special education placement through utilization of a group problem-solving process incorporating options for pre-referral intervention. Tentative first-year results and implications for school social work are discussed.

During the past five years, Western Hills Area Education Agency (AEA-12) found itself bogged down in ever-increasing numbers of demands for comprehensive evaluations. Like other intermediate service units across the nation, AEA-12 was trapped in the referral-to-placement lockstep identified by Ysseldyke, Christenson, Pianta and Algozzine (1983). Without procedural safeguards to prevent inappropriate referrals, students who may have been successfully accommodated within regular education were needlessly evaluated and all too frequently placed within special education (Algozzine, Ysseldyke & Christenson, 1983; White and Calhoun, 1987).

School social workers (SSW) were particularly affected by this lockstep, as they were caught between increasing demands to conduct evaluations and increasing requests for direct services to students and their families. The result of these competing pressures was a social work staff frustrated by too much paperwork and too little time for students.

During the 1986-87 academic year, the Division of Special Education at AEA-12 began to draft plans to address these concerns. The goal of these efforts was to develop a process that would:

1) expedite solution to students' academic and behavioral problems,

2) assist teachers in conducting and evaluating classroom interventions,

3) provide a mechanism which allowed AEA-12 support staff (i.e., SSW, school psychologists, etc.) to conduct direct pre-referral interventions,

4) empower AEA-12 support staff to determine if and when a comprehensive evaluation was warranted, and

5) meet state and federal compliance standards.

These efforts resulted in a pre-referral screening procedure which incorporated a problem-solving approach to teacher concerns called the Child Study Team (CST) process.

INITIATING THE CST

The CST process begins when a teacher (or parent) submits a Request for Assistance. On this form, the teacher provides identifying student data, a description of the concern, a summary of relevant data from the student's folder and notes interventions already attempted. When completed, the teacher discusses potential intervention strategies with the building principal. If building-level resources prove unable to resolve the concern, a CST meeting is scheduled to act upon the Request.

The CST is composed of those LEA (Local Education Agency) staff members who work with the student (i.e., teachers, principal, counselor, nurse, etc.) and AEA team members who are most likely to provide information relevant to the concern (i.e., SSW, psychologist, consultant, etc.). The CST then engages in collaborative problem solving. In accomplishing this, the team:

1) identifies the primary concern,

2) notes prior attempts to resolve the concern, along with their outcomes,

3) identifies what additional information is needed before developing new solutions,

4) identifies options available to the team,

5) develops consensus on which course(s) of action will be pursued by which teams members,

6) establishes follow-up procedures to evaluate the success of interventions and/or to share new information, and

7) makes a record of the meeting(s) on the Child Study Team Report.

THE CST PROCESS

The CST process is based upon two assumptions related to the success of pre-referral interventions:

1) that the collective problem-solving capacity of the team as a whole is far greater than the sum of its parts, and

2) that effective interventions must occur within the environment where the concern exists.

Initially, group problem-solving proved an unfamiliar and cumbersome task for team participants. Utilization of a structured format, such as the Referral Question Consultation Decision Making model (Ulman & Batsche, 1986), provided a framework which allowed participants to assume a contributing role within the CST.

The second assumption is perhaps more critical, for it infers that the long-term effectiveness of an intervention is directly proportional to the distance the intervention occurs from the location of the concern. That is, the closer to the natural setting that the intervention occurs, the more likely the intervention will be generalized into long-term changes for the student. Therefore, the CST attempts to facilitate regular classroom interventions conducted by the teacher (or parent) first; regular classroom interventions conducted by other building-level personnel second; building-level special education interventions third; and only as a last resort, resources outside the school (or home) setting. (see Figure 1)

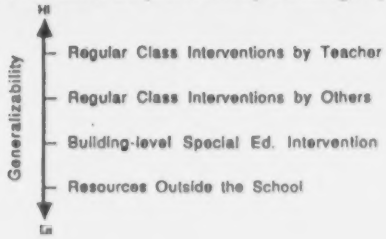


Figure 1. Generalizability of Intervention Options

This hierarchy for intervention is in direct contradiction to the referral-to-placement lockstep. The mere existence of this lockstep is evidence that we have trained regular classroom teachers to transfer the ownership of problems to special education. Therefore, the key to effecting long-term solutions was for AEA-12 support staff to avoid accepting responsibility for the problem-solving process.

The CST format proved ideal for negotiating problem ownership. Individual roles and responsibilities for solutions can be determined between LEA and AEA personnel based on sound intervention strategies. The mutual respect that develops from this experience becomes the basis for a strong regular-special education merged team and opens the door for expansion of services to students (see Graden, Casey & Christenson, 1985; Reynolds, Wang & Walberg, 1987).

CST AS AN EDUCATIONAL INTERVENTION

Three courses of action are available to the CST in resolving concerns. As shown in Figure 2, they are:

1) general education systems intervention,

2) support service interventions, and

3) referral for evaluation.

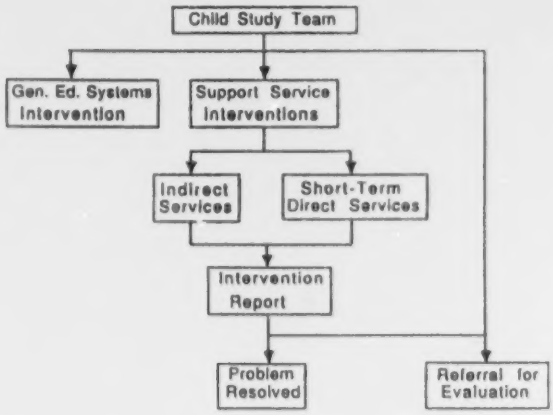


Figure 2. CST Interventions Flowchart

General education systems interventions are utilized by the CST when the presenting concern can be resolved by existing LEA resources and does not require special education services. Although AEA support staff might provide information in a CST meeting aimed at helping school staff and/or parents resolve the concern, the ownership of the solution clearly remains with regular education personnel.

The second option available to the CST is support service interventions. To emphasize alternative services to the traditional evaluation process, two pre-referral interventions may be provided by AEA-12 support staff:

1) indirect or consultative services, and

2) short-term direct services.

Indirect, or consultative, services may be provided by AEA support personnel or school staff, parents, or both in attempting to resolve concerns. Behavior management strategies, such as Behavioral Consultation model (Reschly & Casey, 1986), have proven useful in assisting teachers in the development of effective classroom interventions.

Short-term direct services allow AEA-12 support staff, with signed parental permission, to work directly with students for a period of 45 calendar days or less. During this time SSW may counsel students directly, while other staff may conduct educational interventions within the classroom.

These two alternatives provide a method to offer traditional school social work services on a short-term basis without the encumbrances of the comprehensive evaluation and IEP process. At their conclusion, a written record of the intervention called the Support Service Intervention Report is completed to document the pre-referral activity and evaluate the effectiveness of intervention.

The final option available to the CST is evaluation for potential special education eligibility. This option may be selected initially, or when pre-referral interventions have proven unsuccessful in solving the initial concern. When that decision is made, the team completes the Referral for Evaluation and a team worksheet which identifies the areas of data collection. This process facilitates inclusion of building-level personnel in the assessment process and serves as an effective screening vehicle for unnecessary and/or inappropriate referrals.

TENTATIVE RESULTS

During the first year of the CST, the number of comprehensive evaluations conducted by the AEA team of which the first author is a member decreased by 50%. Because the CST redefined the referral concern and specified the assessment data to be collected by each team member, those SSW assessments which were conducted were more focused and often less time consuming. The time saved could therefore be allocated to the CST process and the delivery of direct services.

One of the more important outcomes of the CST has been the opportunity to provide team consultation services to classroom teachers before an evaluation is initiated. Inman and Tollefson (1988) researched teachers' negative attitudes toward reassessment procedures and recommended a stronger consultative role. Our experience suggests that teachers' lack of success with prior attempts is often due to a lack of working knowledge about the particular problem. By reframing the concern and providing information as a basis for a more appropriate intervention, the CST empowers the teacher with the tools to develop successful interventions. When this occurs, teachers grow to value the CST process.

Through the teaming process, teachers also increase their general knowledge about special education. When teachers understand that a student does not meet the entrance criteria for a handicapping condition, their willingness to attempt classroom interventions is greatly enhanced.

Finally, since the success of school interventions is often contingent upon parental cooperation, including parents within the problem-solving team has proven highly successful. Parental inclusion broadens the base of available information, creates new avenues for intervention, helps create positive home-school cooperation and virtually guarantees that parents will be active participants rather than passive observers throughout the intervention and/or special education process.

CST FROM A SSW PERSPECTIVE

School social work roles have been in evolution as a reflection of societal influences (Germain, 1978; Hare, 1988). During the past decade, the role of SSW in Iowa has been strongly linked to legislation for handicapped children. Today's challenge is to broaden this perspective to include preventative services to 'at risk' students and to become active participants in the 'educational excellence' movement. Thus a major recommendation of the NASW report on attaining educational excellence was to strengthen the collaboration between school and parents, and school and the community (Mintzies & Hare, 1985).

The CST format provides a vehicle which utilizes the unique expertise of the social work profession in a manner which addresses the needs of students, families and schools. Knowledge of systems theory, group dynamics, group problem-solving skills and family dynamics are all key elements to enhancing the success and impact of the CST. Correspondingly, the CST process can be an effective tool for enhancing SSW due to the opportunities to integrate services to students, families and the school into a single problem-solving framework (see Parson, Hernandez & Jorgenson, 1988).

The CST process has proven to be the right tool at the right time. It provides a format for a collaborative effort between regular and special education and between the home and school in solving problems within the school environment.

REFERENCES

Algozzine, B., Ysseldyke, J. & Christenson, S. (1983). An analysis of the incidence of special class placement: The masses are burgeoning. Journal of Special Education, 17, 141-147.

Germain, C.B. (1982). An ecological perspective on social work in the schools. In R. Constable & J. Flynn (Eds.), School social work: Practice and research perspectives. Homewood, IL: Dorsey Press.

Graden, J.L., Case, A. & Christenson, S. (1985). Implementing a pre-referral intervention system: Part 1 the model. Exceptional Children, 51, 377-384.

Hare, I.R. (1988). School social work and its social environment. Social Work in Education, 10(4), 218-234.

Inman, L. & Tollefson, N. (1988). Elementary teachers' attitudes toward preassessment procedures. Psychology in the Schools, 25, 331-337.

Mintzies, P. & Hare, I.R. (1985). The human factor: A key to excellence in education. Silver Springs, MD: NASW.

Parsons, R., Hernandez, S. & Jorgenson, J. (1988). Integrated practice: A framework for problem solving. Social Work, 33(5), 417-421.

Reschly, D.J. & Casey, A. (1986). Relevant educational assessment and interventions model: Behavioral consultation. Ames, IA: Iowa State University.

Reynolds, M.C., Wang, M.C. & Walberg, H.J. (1987). The necessary restricting of special and regular education. Exceptional Children, 53, 391-398.

Ulman, J. & Batsche, G. (1986). Relevant education assessment and interventions model: Referral question consultative decision making. Des Moines, IA: Department of Education.

White, R. & Calhoun, M.L. (1987). From referral to placement: Teachers' perceptions of their responsibilities. Exceptional Children, 53, 460-468.

Ysseldyke, J.E., Christenson, S., Pianta, B. & Algozzine, B. (1983). An analysis of teachers' reasons and desired outcomes for students referred for psycho-educational assessment. Journal of Psycho-educational Assessment, 1, 73-83.

ABOUT THE AUTHORS

Donald J. Kehrwald, MSW, is a school social worker for AEA 12, Sioux City, Iowa. He is a past president of ISSWA (1977).

Gary E. Lewis, Ed.D., is Director of the River Bend Special Education Cooperative in New Ulm, Minnesota. He was formerly Supervisor of School Psychology and Social Work Services for AEA 12.

TOWARD SYSTEMATIC MEASUREMENT IN SCHOOL SOCIAL WORK

Henry L. Pothast and Mary M. Boullion

Development of measurement technology is an important part of the current thrust to incorporate research methods into direct social work practice. This article reviews types of measures and criteria for their selection, describes several measures relevant to school social work, and outlines solutions to potential measurement barriers.

In addition to improved practice evaluation methodology, promising results of effectiveness research have contributed to a scientific "revolution" in social work within the past two decades (Fischer, 1981). Attention is being given to preservice and in service preparation of professionals in the area of direct practice research (Pothast, 1988; Simons, 1987). Measurement and research design have become important tools of the direct practitioner's trade.

Thorndike (1982) defined measurement as "assigning numbers to objects or a set of events according to a set of rules" (p.9). In considering the relationship between measurement and treatment, Hudson (1978) posited two "axioms": first, that a client's problem does not exist if it cannot be measured, and second, that a client problem cannot be treated if it cannot be measured. Current thinking in the profession assumes that operationalization and quantification of client problems are essential to the treatment process.

Documenting the effectiveness of services is a major issue in school social work (Costin, 1987). Social workers in schools are being encouraged to become proficient in practice evaluation (McCullagh, 1987). In view of the importance of monitoring treatment progress and providing accountable services, this article outlines measurement considerations that are of interest to school social workers.

MEASURES: TYPES AND SELECTION

Types of measures and criteria of their selection are thoroughly covered in a text by Bloom and Fischer (1982). Types of measures include behavior observation, client logs, standardized scales (described later in this article), "homemade" rating scales, unobtrusive measures (such as samples of homework or other performance products), and physiological measures. Among the factors that are important in selection of measures are reliability, validity, utility, directness, reactivity, and sensitivity to change. These factors are briefly defined below. (For a more detailed discussion, see Bloom & Fischer, 1982.)

1. Reliability refers to the extent to which a measure is consistent and stable. With repeated measurement to monitor treatment progress at periodic intervals, stability--usually gauged by test-retest reliability--is especially important.

2. Validity is shown to the extent that a target phenomenon is actually tapped by a procedure or instrument.

3. Utility is the ease or practicality of using a measure.

4. Directness is the extent to which a measure is proximate in time and space to the phenomenon it taps. For example, frequency of behavior such as interrupting in class is more directly measured by observation than by an estimate of problem severity recorded on a rating scale.

5. Reactivity is the degree to which the measurement process influences change in the phenomenon under consideration. For example, a child who is aware of being observed may behave differently than usual.

6. Sensitivity to change refers to the extent to which changes in the values of a measure reflect actual changes in the object of measurement.

Measures vary widely in the ways in which they fare on the selection criteria just mentioned. For example, behavior observation is very valid and direct but may be reactive and low in utility. In order to capitalize on the strengths of different types of measures, it is advisable to use multiple measures across the various types. Use of multiple measures can sometimes demonstrate change that otherwise would have been undetected had only one measure been chosen (Bloom & Fischer, 1982).

MEASURES FOR SCHOOL SOCIAL WORK

A number of publications contain measures for direct practice(see, for example, Corcoran & Fischer, 1987; Fredman & Sherman, 1987; Levitt & Reid, 1981; Mitchell, 1985). Pothast and Bouillion (1988) reviewed sources containing measures pertinent to school social work and compiled a manual listing 70 instruments in 25 problem area. Summaries of the measures are presented, including target groups, properties, and information for locating the measures. Although it is not possible in this article to provide a complete discussion of the many available measures, several examples which the authors believe to be especially useful are described. The first of these, the self-anchored scaling technique, has the advantage of being simple, versatile, rapidly administered, and useful in situations for which no standardized tools are available (Hudson & Thyer, 1987). Self-anchored scales measure intensity of perceptual or affective variables such as satisfaction with a student's behavior. Pothast and Bouillion (1988) outline the steps of the procedure:

1. The client or consultee thinks about the problem of concern in terms of a continuum or number line having fixed values at the ends, e.g., 0 and 10.

2. The client or consultee is asked to think of descriptive phrases or words to "anchor" the low and high ends of the scale. For example, these words might describe on the low end the worst symptoms of anxiety that a client has ever felt (or might ever feel), and at the high end the best that the client might feel in terms of absence of symptoms (or presence of good feelings).

3. The descriptive words and phrases which anchor the extremes of the scale are then recorded, and a set of words and phrases are elicited to correspond to the midpoint of the scale.

4. The scale is administered at regular intervals over time to the client or consultee to provide a time series measure of the phenomenon of concern. This can be done by providing the client or consultee with the original anchor arranged across a page with a Likert- type number line (p.42).

A second measure, the "roster-rating" sociogram, is useful for work with groups of children. Rose and Edleson (1987) discuss the use of this technique in assessing treatment progress. This procedure requires children in a class or group to rate each of the other pupils on a Likert-type scale in response to a question such as "How much would you like to be a friend of this person?" Response choice on the instrument can range from "not at all" to "very much." Symbols can also be used to denote response catagories (for, example, a frowning face, a neutral face, and a smiling face to correspond with low, medium, and high levels of affinity, respectively). The resulting data can be used to assess aspect of peer relationships, including leadership patterns and social isolation of individuals.

Finally, several measures contained in a package developed by Hudson (1982) can be useful for school social workers. The Generalized Contentment Scale (a measure of depressive symptoms), Index of Self Esteem, Index of Parental Attitudes (a measure of parental satisfaction with a child), Child's Attitude toward Father, Child's Attitude toward Mother, Index of Family Relations (a measure of an individual's satisfaction with family life), and Index of Peer Relations all have applications in work with older children, adolescents, and adult family members. These instruments can be rapidly administered and are well suited for repeated measurements. All are presented in Bloom and Fischer (1982) with instructions for scoring and a statement authorizing reproduction of the scales for use in practice. The Index of Peer Relations can be used simultaneously with the roster rating sociogram to measure pupils' and peers' perceptions of relationship quality.

BARRIERS AND SOLUTIONS

It is important to consider ways to manage potential obstacles to systematic measurement. Persons involved in the measurement process (for example, parents and teachers who are asked to record repeated observations of behavior) may be unfamiliar with, or philosophically opposed to, such an empirical approach. Social workers themselves may lack knowledge of appropriate and available measures. Preservice and in-service training for educators and social workers can fill knowledge gaps and can point out the relevance of systematic measurement in the treatment process. In addition, school social workers can provide information to educators, parents, pupils, and others to explain the assessment and monitoring functions of measurement.

Limited time and energy also constrain systematic measurement. Recognizing that preparation and organization are keys to efficient measurement, the school social worker can plan measurement procedures in ways that maximize resources. For example, when providing school performance reports to a physician who is adjusting a pupil's medication, the school social worker can assist the teacher in establishing a self-reminding "tickler" system for periodic completion of rating scales. Short forms of some instruments are available and can save time. Multiple measures of the same problem can sometimes be obtained by enlisting more than one individual in applying measures simultaneously. As an example, disturbance in parent-adolescent relations may be monitored by the parents' regular recording of non-compliant behavior and the adolescent's periodic completion of a family satisfaction scale.

CONCLUSION

Both the movement toward scientifically oriented practice and the trend toward reduced spending for human services have significant implications for school social work practice in the future. Social workers in schools are challenged to carry forward within their specialty the technological advances which are being made in direct practice as a whole. Especially in times of fiscal conservatism and scarce resources, it is imperative that these advances be directed toward selling the services of school practitioners. As an aid in demonstrating the effectiveness of interventions, systematic measurement can play a critical role in maintaining the viability of social work practice in the schools.

REFERENCES

Bloom, M. & Fisher, J. (1982). Evaluating practice: Guidelines for the accountable professional. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.

Corcoran, K., & Fischer, J. (1987). Measures for clinical practice. New York : The Free Press.

Costin, L. (1987). School social work. In A. Minahan (Ed.), Encyclopedia of social work (18th ed.). Silver Spring, MD: National Association of Social Workers.

Fischer, J. (1981). The social work revolution. Social work, 26, 199-207.

Fredman, N., & Sherman, R. (1987). Handbook of measurements for marriage & family therapy. New York: Brunner/Mazel.

Hudson, W.W. (1978). First axioms of treatment. Social work, 23, 65-66.

Hudson, W. W. (1982). The clinical measurement package: A field manual. Homewood, IL: Dorsey Press.

Hudson, W. W. & Thyer, B. A. (1987). Research measures and indices in direct practice. In A. Minahan (Ed.), Encyclopedia of social work (18th ed.). Silver Spring,MD: National Association of Social Workers.'

Levitt, J. L., & Reid, W. J. (1981). Rapid-assessment instruments for practice. Social Work Research and Abstracts, 17, 13-19.

McCullagh, J. G. (1987). The school social work practitioner as researcher. In J.G. McCullagh & C. A. McCullagh (Eds.), School social work interventions with behaviorally disordered children: Practical applications of theory. Des Moines, IA: Iowa Department of Education.

Mitchell, J. V. (Ed.). (1985). The ninth mental measurements yearbook. Lincoln, NE: University of Nebraska Press.

Pothast, H. L. (1988). In-service training on practice research. School Social Work Journal, 13, 23-29

Pothast, H. L., & Bouillion, M. M. (1988). A guide for measuring problems of children and families. (Available from the author at Area Education Agency 6, 210 South Twelfth Avenue, Marshalltown, IA 50158.)

Rose, S. D., & Edleson, J. L. (1987). Working with children and adolescents in groups. San Francisco: Jossey-Bass.

Simons, R. L. (1987). The impact of training for empirically based practice. Journal of Social Work Education, 23, 24-30.

Thorndike, R. M. (1982). Data collection and analysis. New York: Gardner Press.

ABOUT THE AUTHORS

Henry L. Pothast, L.S.W., and Mary M. Bouillion, L.S.W.,are school social workers at Area Education Agency 6, Marshalltown, Iowa. This article is based on a presentation made by the authors at the Midwest School Social Work Conference, Louisville, Kentucky, on October 1, 1988.

THE SPECIAL NEEDS PROGRAM AS A SOCIAL SKILL BUILDING TOOL

Marc A. Singer

This study summarizes first year results from the Special Needs Program. Based on a behavior deficit, learning model approach, this service was developed to build and enhance the social skills in targeted students grades kindergarten through eight. Results showed some positive growth in targeted social skills. The implications of this learning format for future social skills training are discussed.

INTRODUCTION

Efforts in Special Education have traditionally focused on remediating academic deficits. Despite these efforts, mainstreaming handicapped children into the regular classroom environment seems to have resulted in uncertain interactive relationships between regular education and Special Education students. The expectation that placement of handicapped students with their regular education peers will result in social acceptance does not appear to have been realized. Gresham, (1981)[1] indicated that non-handicapped children socialize minimally with their handicapped peers.

Gresham, (1981)[2] focused on how social skills development might be conceptualized. Gresham distinguished social skills deficits along three dimensions: (1) skill deficits, (2) performance deficits, and (3) self-control deficits. These categories reflect behavior deficit, learning approach to a social behavior. Rather than being a motivational problem, the failure to consistently display appropriate skills can be a result of a lack of skill knowledge, leaving out of a critical component of a larger skill, or a failure to display the skill with sufficient frequency.

Other studies have explored ways to teach children social skills based on a learning approach. The use of modeling to teach children social skills through imitation has had impressive results in enhancing a number of social skills (Goldstein, Sprafkin, Gresham and Klein, 1980)[3]. The use of modeling as a part of a direct verbal instructional coaching technique has been shown as an effective method in remediating skill deficits (Gresham,1981)[4]. Self-instruction (verbal statements to oneself which prompt, direct, or maintain a behavior) when used in conjunction with other instructional models, has been shown to be effective in changing selected social skills (Gresham, 1981)[5].

These studies suggest that systematic instruction aimed at building social skills may be an active way to improve upon the belief that these social skills are vicariously acquired. The study discussed in this article summarizes a year's results from the Special Needs Program, a service developed to build social skills in selected students in grades kindergarten through eight. Based on a behavior deficit, learning model approach to social skills, this program integrated modeling, coaching, verbal mediation, and other cognitive behavioral techniques into a comprehensive learning format. In an attempt to maximize the impact of this format, service was provided in a one-to-one setting. A Special Needs Aide was employed to implement the program.

METHODOLOGY

Learning Format: A systematic approach was adopted for skill instruction. Students were quickly made aware of this sequence with the idea of raising their comfort and level of participation as quickly as possible. Instruction consisted of a five-step procedure including:

1. Establishing a need. The purpose of this step was to develop a rationale that was relevant to the student in order to increase the motivation for learning. For example, one reason offered to students learning how to accept criticism might be that by displaying this skill, adults will think of you as more mature and be likely to give you more responsibility and freedom in the future.

2. Identify the skill components. This step involved presentation of the sequence of behaviors appropriate to a given skill. After each skill component was orally reviewed and written down both by the trainer and the student, the skill steps were rehearsed until they could be stated by the student with complete accuracy.

3. Skill Modeling. Modeling where the student observed the trainer display the appropriate skill components was used to further the student's comprehension of the targeted skill.

4. Role Play. In this step, the student participated in role playing the skill components and received feedback specific to his/her performance. Successful role play was defined as display of the skill with complete accuracy. Role plays relevant to the student's life were used as a way to increase useful application of the skill.

5. Practice. The use of homework, including having the student write down the skill steps and applying the steps in a real life situation, was used as a generalization tool. Complete accuracy was required before instruction of a new skill would begin.

PROCEDURE OF STUDENT SELECTION AND DATA COLLECTION

Referral of clients into the Special Needs Program was initiated primarily by classroom teachers. Other referrals were obtained from the school psychologist, school social worker, or upon parent request. Referrals were screened during an interview with the classroom teacher to distinguish students having skill deficits that might be appropriate for the program from students whose needs might be better met through another type of service. This initial screening was followed by having the classroom teacher complete a Skill Checklist (Appendix 1)* pinpointing specific skills in need of building or enhancement. Only skills identified as being displayed at seldom or almost never frequency levels were targeted for service. Parent permission, including a verbal and written summary of the program, was required prior to contact with the student by the Special Needs Aide. Instructional sessions were conducted twice weekly at a time arranged by the aide and the classroom teacher and each session lasted for approximately twenty minutes.

Upon completion of services, the classroom teacher was asked to complete another Skill Checklist on the student ranking only those items rated at the seldom or almost never levels on the original, pre-service Skill Checklist. In this way, the impact of services and the degree of potential generalization of the targeted skills could be measured.

PROCEDURE OF SPECIAL NEEDS AIDE SELECTION

Selecting the best possible candidate to serve as the Special Needs Aide was considered to be a critical part of the program. Essential personality attributes included an ability to work with children, a willingness to follow direction and properly implement the steps of the learning format, and a capacity to work independently. Prior training in social work was not considered necessary. Applicants were solicited through newspaper ads. Finalists participated in a structured interview process intended to find the best match of the applicant's personality with the needs of the position.

RESULTS

Seventeen students received service during the initial year of the Special Needs Program. At the pre-service level, skills identified as needing service were rated at a composite level of 1.58. In descriptive terms, classroom teachers felt theses skills were displayed by the targeted student at a frequency of less than seldom. These same skills when evaluated after completion of the Special Needs Program were rated at a level of 3.10, or might be viewed as being displayed at a frequency of slightly more than sometimes. Skills in the Advanced Social Skills category (Appendix 2) showed the greatest amount of change in frequency displayed levels (1.79) between the pre and post service ratings. Skills in the Feelings Skills category showed the least change (1.23). The skills most commonly perceived as requiring service were problem-solving, reacting to failure, and ignoring distractions. Skills most commonly perceived as not requiring service were introducing yourself, asking a favor, and dealing with fear. Skills that showed at least two complete units of growth were asking for help, making corrections, using self-control, negotiating, answering a complaint, dealing with being left out, and accepting no. Skills showing minimal progress in this program were sharing, dealing with group pressure, and dealing with wanting something that isn't mine.

Reactions from school administrators, teachers, and parents to the program have been consistently positive. Educators perceive the Special Needs Program as a fresh approach to a critical problem. Special appreciation has been expressed regarding efforts to select a service time that will minimize any negative impact on the student's academic program and regarding the written progress updates. Parents have shared positive feelings about the social growth they have observed in their children. Many of their comments include a wish that similar training opportunities had been available for them and an awareness that these skills must be learned in order for their children to have a successful life after leaving school.

DISCUSSION

A Special Education infrastructure has been developed over the years based on the principles of equal educational opportunity and least restrictive placemont. Yet the research has consistently documented that interaction between handicapped and non-handicapped students is minimal. A number of studies have considered the impact of poor social skills on adult functioning (Walker, McConnell, Holmes, Todis, Walker, and Golden, 1983)[6]. These studies suggest that the negative implications of currently inadequate efforts to build and enhance appropriate social skills go far beyond the classroom. For both individual and societal welfare, it is critical that students learn appropriate social skills.

The degree of generalization into the natural environment is the yardstick for any program's efficacy. Few studies have demonstrated social skills training generalized to other settings. Numerous efforts at social training appear to have adopted a "train and hope" approach where generalization across settings is not considered. This most critical final step in any training program deserves emphasis. Active efforts in the Special Needs Program designed to encourage generalization included weekly written update to parents on their child's progress and the use of homework assignments requiring accurate practice of the proper skill steps in a real life experience. While these procedures appear to be a positive step towards generalization, more work needs to be done in this area. One procedure under consideration that deserves study includes regular in-person conferences with the student, parent, Special Needs Aide, and School Social Worker aimed at building the teamwork needed to build generalization. Field trips into the local community where the student might practice his newly acquired skills may also promote generalization.

The school social worker performed a variety of roles in support in the Special Needs Program. After the development of the program concept and design, critical duties included selecting students for the service, training the Special Needs Aide, and supervision of the Aide. The Aide's training process mirrored the learning format that was to be used with the students in that a discussion of the philosophy and rationale for the program was followed by instruction of the learning format with students and role plays with the Aide serving as trainer and the school social worker playing the role of a student. The training process concluded with the school social worker observing the Aide at work with students and providing feedback for improvement. Supervision was provided through a review of the weekly written reports completed by the Aide on each student receiving service and through a regular discussion of the cases.

Professionals considering implementation of a social skill training program using a paraprofessional as the trainer may want to proceed cautiously. Time consuming training along with clear job description guidelines are essential to minimize confusing this position as a certified teaching, psychology, or social work position. Issues beyond the scope of the job description must be referred to the proper professional. Based on a year's experience, the Special Needs Aide needs to be a demanding combination of-patience, ability to develop rapport with a variety of children, empathy, and enough creativity to develop meaningful role plays.

The results of this study suggest that the five-step learning format is an effective way to build selected social skills. While many of these skills were selected for their application to the post-school adult world, the strongest demand from teachers appeared to be to enhance skills with a strong academic relevancy. Following directions appears to be more important to teachers than learning how to maintain a conversation. It should be noted that even with the intensive effort offered in the Special Needs Program, the frequency of which many of the targeted skills were displayed improved only to "sometimes" levels. Critics may suggest, as has been noted with other mental health services, that some skill growth will occur with many students over time with maturity.

All students will need to use a wide range of social skills in their post-academic life. It would seem to be the responsibility of our educational system to develop an effective instructional format designed to teach these skills. This need seems particularly strong for the Special Education curriculum, where efforts to mainstream students appear inhibited by a lack of the social skills necessary to interact meaningfully with non-handicapped peers. The structured learning format implemented in the Special Needs Program, seems to be a useful tool in the growing skill building effort. These procedures, along with the increasingly active efforts at generalization, demand additional study.

REFERENCE NOTES

1. Frank M. Gresham (Spring 1981) " Social Skills Training with Handicapped Children: A Review. Review of Educational Research, Vol. 51, No. 1, p.139.

2. Frank M. Gresham. p. 142.

3. Arnold P. Goldstein, Robert P. Sprafkin, N. Jane Gershaw, and Paul Klein. (1980). Skillsteaming the Adolescent, Research Press Company, p. 20.

4. Frank M. Gresham. p.164.

5. Frank M. Gresham. p. 166

*. Adopted from Skillsteaming the Elementary School Child, Ellen McGinnis and Arnold P. Goldstein. (1984) Research Press Company, p. 1-8.

6. Hill M. Walker, Scott McConnell, Deborah Holmes, Bonnie Todis, Jackie Walker, and Nancy Golden. (1983) The ACCEPTS Program Pro-Ed p. 2.

REFERENCES

Adelman, Howard S. and Taylor, Linda.(1982). Enhancing the Motivation and Skills Needed to overcome Interpersonal Problem, Learning Disability Quarterly, Vol.5, 438-446.

Berler, Ellen S., Alan M., and Drabman, Ronald S. (1982). Journal of Applied Behavior Analysis, Vol. 15, 41-53.

Bruninks,Virginia L. (1978). Peer Status and Personality Characteristics of Learning Disabilities, Journalof Learning Disabilities, Vol. 11, No. 8, 29-34.

Deshler, Donald D., Alley, Gorden R., Warner, Michael M., and Schumaker, Jean B. (1981). Instructional Practices for Promoting Skill Acquisition and Generalization in Severely Learning Disabled Adolescents. Learning Disability and Quarterly, Vol. 4, 415-421.

Goldstein, Arnold P., Sprafkin, Robert P., Gershaw, N. Jane, and Klein, Paul. (1980). Skillsteaming the Adolescent. Research Press Company.

Gresham, Frank M. (1981). Social Skills Training with Handicapped Children: A Review. Review of Educational Research, Vol 51, No.1, 139-176.

Hazel, J. Stephen, Schumaker, Jean Bragg, Sherm, James A., and Sheldon-Wildgen (1981). A Social Skills Program for Adolescents. Norman Baxley and Associates.

McGinnis, Ellen and Goldstein, Arnold P. (1984). Skillsteaming the Elementary School Child. Research Press Company.

McGinnis, Ellen and Goldstein, Arnold P. (1984). Skillstreaming the Elementary School Child Program Forms. Research Press Company.

Schumaker, Jean B. and Hazel, J. Stephen. (1984). Social Skills Assessment and Training for the Learning Disabled: Who's On First and What's On Second? Part II. Journal of learning Disabilities, Vol. 17, No.8, 492-499

Sargent, Lawrence R. (1983). Project SISS. Iowa Department of Public Instruction.

Stokes, Trevor F., and Baer, Donald M. (1977). An Implicit Technology of Generalization. Vol. 10, No. 2, 349-367.

Walker, Hill M., McConnell, Scott, Holmes, Deborah, Todis, Bonnie, Walker, Jackie, and Golden, Nancy. (1983). The Walker Social Skills Curriculum: The ACCEPTS Program. Pro-ed.

ABOUT THE AUTHOR

Marc A. Singer, ACSW, LSW, is a school social worker for Lakeland Area Education Agency. He is past contributor to The Iowa Journal of School Social Work.

Appendix 1

SKILL CHECKLIST

Student:_____ Class:_____

Date: _____ Teacher:_____

DIRECTIONS: Listed below you will find a number of skills that children are more or less proficient in using. This checklist will help you record how well each child uses the various skills. For each child, rate his/her use of each skill, based on your observation of his/her behavior in various situations.

Circle 1 if the child is almost never good at using the skill.
Circle 2 if the child is seldom good at using the skill.
Circle 3 if the child is sometimes good at using the skill.
Circle 4 if the child is often good at using the skill.
Circle 5 if the child is almost always good at using the skill.

1.	Listening: Does the student appear to listen when someone is speaking and make an effort to understand what is said?	1	2	3	4	5
2.	Asking for Help: Does the student decide when he/she needs assistance and ask for this help in a pleasant manner?	1	2	3	4	5
3.	Saying Thank You: Does the student tell others he/she appreciates help given, favors, etc?	1	2	3	4	5
4.	Bringing Materials to Class: Does the student remember the books and materials he/she needs for class?	1	2	3	4	5
5.	Following Instructions: Does the student understand instructions and follow them?	1	2	3	4	5
6.	Completing Assignments: Does the student complete assignments at his/her independent academic level?	1	2	3	4	5
7.	Contributing to Discussions: Does the student participate in class discussion in accordance with the classroom rules?	1	2	3	4	5

SKILL CHECKLIST

8.	Offering Help to an Adult: Does the student offer to help you at appropriate times and in an appropriate manner?	1	2	3	4	5
9.	Asking a Question: Does the student know how and when to ask a question of another person?	1	2	3	4	5
10.	Ignoring Distractions: Does student ignore classroom distractions?	1	2	3	4	5
11.	Making corrections: Does the student make the necessary corrections on assignments without getting overly frustrated?	1	2	3	4	5
12.	Deciding on Something to Do: Does the student find something to do when he/she has free time?	1	2	3	4	5
13.	Setting Goals: Does the student set realistic goals for himself/herself and take necessary steps to meet these goals?	1	2	3	4	5
14.	Introducing Yourself: Does the student introduce himself/herself to people he/she doesn't know in an appropriate way?	1	2	3	4	5
15.	Beginning a Conversation: Does the student know how and when to begin a conversation with another person?	1	2	3	4	5
16.	Ending a Conversation: Does the student end a conversation when it's necessary and in an appropriate manner?	1	2	3	4	5
17.	Joining In: Does the student know and practice acceptable ways of joining an ongoing activity or group?	1	2	3	4	5
18.	Playing a Game: Does the student play games with classmates fairly?	1	2	3	4	5
19.	Asking a favor: Does the student know how to ask a favor of another person in a pleasant manner?	1	2	3	4	5
20.	Offering to Help to a Classmate: Can the student recognize when someone needs or wants assistance and offer this help?	1	2	3	4	5

SKILL CHECKLIST

21.	Giving a Compliment: Does the student tell others the he/she likes something about them or something they have done?	1	2	3	4	5
22.	Accepting a Compliment: Does the student accept these compliments given by adults or his/her peers in a friendly way?	1	2	3	4	5
23.	Suggesting an Activity: Does the student suggest appropriate activities to others?	1	2	3	4	5
24.	Sharing: Is the student agreeable to sharing things with others, and if not, does he/she offer reasons why he/she can't in an acceptable manner?	1	2	3	4	5
25.	Apologizing: does the student tell others he/she is sorry for doing something, in a sincere manner?	1	2	3	4	5
26.	Knowing Your Feelings: Does the student identify feelings he/she is experiencing?	1	2	3	4	5
27.	Expressing Your Feelings: Does the student express his/her feelings in acceptable ways?	1	2	3	4	5
28.	Recognizing Another's Feelings: Does the student recognize others' feelings in acceptable ways?	1	2	3	4	5
29.	Showing Understanding of Another's Feelings: Does the student show understanding of others' feelings in acceptable ways?	1	2	3	4	5
30.	Expressing Concern for Another: Does the student express concern for others in acceptable ways?	1	2	3	4	5
31.	Dealing with Your Anger: Does the student use acceptable ways to express his/her anger?	1	2	3	4	5
32.	Dealing with Another's Anger: Does the student try to understand another's anger without getting angry himself/herself?	1	2	3	4	5
33.	Expressing Affection: Does the student let others know he/she cares about them in an acceptable manner?	1	2	3	4	5

SKILL CHECKLIST

34.	Dealing with Fear: Does the student know why he/she is afraid and practice strategies to reduce this fear?	1	2	3	4	5
35.	Rewarding Yourself: Does the student say and do nice things for himself/herself when a reward is deserved?	1	2	3	4	5
36.	Using Self-control: Does the student know and practice strategies to control his/her temper or excitement?	1	2	3	4	5
37.	Asking Permission: Does the student know when and how to ask if he/she may do something?	1	2	3	4	5
38.	Responding to Teasing: Does the student deal with being teased in ways that allow him/her to remain in control?	1	2	3	4	5
39.	Avoiding Trouble: Does the student stay away from situations that may get him/her into trouble?	1	2	3	4	5
40.	Staying Out of Fights: Does the student know of and practice socially appropriate ways of handling potential fights?	1	2	3	4	5
41.	Problem-Solving: When a problem occurs, does the student think of alternatives and choose an alternative, then evaluate how well this solved the problem?	1	2	3	4	5
42.	Accepting Consequences: Does the student accept the consequences for his/her behavior without becoming defensive or upset?	1	2	3	4	5
43.	Dealing with an Accusation: Does the student know of and practice ways to deal with being accused of something?	1	2	3	4	5
44.	Negotiating: Is the student willing to give and take in order to reach a compromise?	1	2	3	4	5
45.	Dealing with Boredom: Does the student select acceptable activities when he/she is bored?	1	2	3	4	5

SKILL CHECKLIST

46.	Deciding What Caused a Problem: Does the student assess what caused a problem and accept the responsibility if appropriate?	1	2	3	4	5
47.	Making a Complaint: Does the student know how to say that he/she disagrees in acceptable ways?	1	2	3	4	5
48.	Answering a Complaint: Is the student willing to arrive at a fair solution to someone's justified complaint?	1	2	3	4	5
49.	Dealing with Losing: Does the student accept losing at a game or activity without becoming upset or angry?	1	2	3	4	5
50.	Showing Sportsmanship: Does the student express a sincere compliment to others about how they played the game?	1	2	3	4	5
51.	Dealing with Being Left Out: Does the student deal with being left out of an activity without losing control?	1	2	3	4	5
52.	Dealing with Embarrassment: Does the student know of things to do that help him/her feel less embarrased or self-conscious?	1	2	3	4	5
53.	Reacting to Failure: Does the student figure out the reason(s) for his/her failure, and how he/she can be more successful the next time?	1	2	3	4	5
54.	Accepting No: Does the student accept being told no without becoming unduly upset or angry?	1	2	3	4	5
55.	Saying No: Does the student say no in acceptable ways to things he/she doesn't want to do, or to things that may get him/her into trouble?	1	2	3	4	5
56.	Relaxing: Is the student able to relax when tense or upset?	1	2	3	4	5
57.	Dealing with Group Pressure: Does the student decide what he/she wants to do when others pressure him/her to do something else?	1	2	3	4	5

SKILL CHECKLIST

58. Dealing with Wanting Something That Isn't Mine: Does the student refrain from taking things that don't belong to him/her?	1	2	3	4	5
59. Making a Decision: Does the student make thoughtful choices?	1	2	3	4	5
60. Being Honest: Is the student honest when confronted with a negative action?	1	2	3	4	5

TEACHER COMMENTS:

Appendix 2

SOCIAL SKILLS PROGRAM CONTENT

Skill Areas

Group I - Basic Social Skills

1. Listening
2. Starting a Conversation
3. Having a Conversation
4. Asking a Question
5. Saying "Please and Thank you"
6. Introducing Yourself
7. Introducing Others
8. Giving Compliments
9. Speaking in Appropriate Tone of Voice
10. Waiting in Line
11. Taking Turns
12. Smiling When Encountering Friends and Acquaintances
13. Maintaining Appropriate Grooming.

Group 2 - Advanced Social Skills

1. Asking for Help
2. Joining In
3. Following Instructions
4. Apologizing
5. Convincing Others
6. Accepting Criticism
7. Maintaining a Conversation
8. Making Invitations
9. Accepting Different Ideas

Group 3 - Alternatives to Aggression Skills

1. Answering a Complaint
2. Responding to Teasing
3. Staying out of Fights
4. Dealing with Embarrassment
5. Using Self-Control
6. Problem Solving
7. Dealing with Failure
8. Dealing with Being Left Out
9. Sportsmanship
10. Making Refusals

260

SOCIAL SKILLS PROGRAM CONTENT

Group 4 - Dealing with Feelings Skills

1. Dealing With an Angry Person
2. Knowing Your Feelings
3. Expressing your Feelings
4. Standing Up For a Friend
5. Recognizing Feelings of Others
6. Expressing Affection
7. Expressing Sympathy

Group 5 - Classroom Skills

1. Attending to the Teacher
2. Sitting Appropriately
3. Gaining Teachers Attention
4. Answering Teacher's Questions
5. Asking for Help
6. Making Relevant Remarks
7. Speaking Positively About School Work
8. Ignoring Distractions

EXPECTING THE UNEXPECTED:

HOW A CRISIS RESPONSE PLAN CAN HELP YOU

Lyn Grooters and Ellen Weber

The Des Moines Public Schools with the assistance of social workers have developed a Crisis Response Plan to be activated when any type of death, serious injury or disaster occurs that affects students and faculty. A manual that provides a checklist for administrators and guidelines for support staff was formulated. This article outlines that process and describes the basic components of a crisis response plan.

INTRODUCTION

The collapse of a school lunchroom ceiling, a tornado, a bus accident or a student suicide are all issues to which school districts may be forced to respond at one time or another. School social workers can have a direct impact on how well our educational institutions deal with these situations. This has been evidenced in the Des Moines Public School District where school social workers played a key role in the planning, development, and delivery of a crisis response plan for the district.

In the fall of 1987, two Des Moines school social workers were named co-chairpersons of a multi-disciplinary committee on suicide prevention. The committee consisted of two representatives each from social work, psychology, nursing, and counseling.

It became evident to the committee through research, discussion and experience that an effective part of suicide prevention also includes service delivery to individuals affected by the unexpected death. While the committee worked to develop a response plan in the event of a suicide, a number of tragedies occurred in the district. Within a few months time several student suicides, the suicide of a teacher, and the murder of another instructor occurred. Not only did the importance of having a crisis response plan in place become apparent but there was also increased awareness that a crisis response plan should be broad based enough to cover other crisis situations as well. In the spring of 1988 the committee combined their efforts with the district's communication department and a crisis response plan was created. Guidelines for communication, provisions for building crisis teams and a post-intervention checklist were developed. Along with distribution of plan in September of 1988, inservice was provided for all support staff in suicide prevention and crisis response.

BACKGROUND

The Independent School District of Des Moines, Iowa has an enrollment of approximately 30,000 students. There are 5 regular high schools, 10 middle schools, and 42 elementary schools. Currently there are 17 school social workers employed by the district. In the past, the Des Moines district has responded to building tragedies, such as student or staff suicide, on an individual basis. Often the response depends on the building administrator. There were cases where no acknowledgement of a student's suicide was made, while in other buildings staff and students openly grieved together. No plan existed which could assist buildings to deal with their shock and grief.

Because the suicide prevention committee was already in place and working to develop a post-intervention plan, the committee was called upon to act as a "crisis team" when a number of crises occurred within the district during the year the committee was working. The "team" along with building personnel provided crisis intervention counseling and follow-up for students and staff. Post-intervention guidelines were also provided for the building administrator to assist with the necessary decisions which needed to be addressed.

As goals were formulated by the committee, priorities became: 1) to provide a one-half day inservice in suicide prevention and crisis intervention for all support staff in the district (social workers, psychologists, nurses and counselors), and 2) to provide a one hour inservice for all staff in the district and to develop a crisis response manual.

As a result of their experiences as the "crisis team" the committee members came to the realization that all building teams should have the skills to serve as the "crisis team" in their own building. This is especially advantageous because they personally know the staff and many of the students. The concept of a "district-wide crisis team" was not felt to be the most effective and is no longer in place.

Inservice training for building teams (social worker, psychologist, nurse, and counselor) was accomplished through four hours of mandatory training. In addition, building administrators or designated building personnel were encouraged to attend. Because there were over 200 trainees, four one-half day sessions were offered which allowed flexibility in attendance.

The inservice included information on suicide prevention, crisis response and instruction on the role of the team during a crisis. Several role play activities were used to enhance the skills of the team in assessing suicide potential and dealing with a student threatening suicide. Students and faculty responses to grief were also discussed. The guidelines for suicide prevention in the Des Moines district were reviewed and the newly developed crisis response manual was presented. Every person in attendance received a copy of the manual.

Each building team was charged with returning to their individual buildings and presenting a one hour in service on suicide prevention through use of a prepared video. All building staff including custodians, cafeteria workers and bus drivers have been encouraged to attend the training

THE CRISIS RESPONSE PLAN

To help the district formulate a manual, several steps were taken. Numerous school crisis response plans from throughout the country were reviewed. Literature was read. Many of the committee members attended an intense workshop on crisis intervention and post-intervention planning. The committee reviewed the crisis situations to which they had responded. Coordination was established with the communications department within the district. Drawing from all resources, the crisis manual was developed and district-wide implementation of the plan was adopted.

Distribution of the manual took place when the building representatives completed inservice training in fall of 1988. A representative from each school building was given a crisis response manual, to be placed in the principal's office. The manual is easily identified in times of crisis because it is contained in a bright yellow three ring notebook labeled with red lettering.

When a crisis occurs a line of communication must be implemented in a rapid but orderly fashion. Thus, the manual begins with flow charts that cover three categories of crisis: those that occur at school, those that involve some form of school transportation and these that occur outside the school district, but involve students or faculty. Telephone numbers and titles of persons to be notified are included in the flow chart.

One of the most significant parts of the manual for the building administrator is the post-intervention checklist. It provides a list of activities to be initiated from the moment the crisis is first known, to follow-up which may take place weeks or months after the occurrence.

Through the direction of the post-intervention checklist a number of activities are put in to motion when the crisis occurs. A media spokesperson is designated. Faculty are notified as soon as possible and if time permits, gathered together to discuss the plan. Available information is given to dispel rumors and allow faculty members to be as informed as possible.

Because it is difficult to address all issues and compose good communication when under stress, sample announcements from the building administrator to the staff and to the students are included. In addition, sample letters to parents are provided so that parents are aware of community and school resources that are available.

The manual also provides guidelines for the building crisis team. Covered are topics such as basic supplies to have available, suggestions for working with students in crisis, issues to address with the student, identification of high-risk students, staff needs during crisis, follow-up in the building and self-care. All of this material was covered in detail at the inservice.

New guidelines and procedures for responding to suicidal students are included in the manual. Also provided is a list of back-up teams from other buildings which have been preassigned and are on call in the event that additional assistance is needed.

Foremost, the crisis response manual places control in the hands of the school administrator but provides for support team members and others to assume responsibility in times of crisis. It assures cooperation at a stressful time when it is difficult to coordinate activities and provide the needed support to faculty and students.

THE CRISIS RESPONSE TEAM

Prior to confronting the student body, it is not unusual for the faculty to be resistive to the concept of a crisis plan being activated in their building. Initially the school may respond with a closed approach, protective in nature, guarded in communication, and be hesitant to act.

Thus, it is recommended that the crisis response team assume a low profile approach. However, it is important to be available, ready and in place, and sensitive to the needs of the faculty at the time of the crisis. As students become aware of the crisis and the magnitude of its impact becomes apparent, the significant role of the crisis response team makes itself known. Faculty members soon recognize their inability to deal with the large number of students who need crisis counseling and will readily encourage students to seek out the crisis team.

When deemed appropriate, in event of a student's death, provisions are made for one member of the crisis team to follow the deceased student's schedule to deal with the "empty chair." Other members are available in a preassigned area such as the library or counseling center to meet with students who are distraught and unable to be maintained in the classroom. In instances where an entire class is upset, one or two team members may go directly to the classroom to work with the group. Members of the team also make routine patrols of the hallways and restrooms. (In time of stress students often escape to grieve in private areas such as bathroom stalls.) Back-up teams from other buildings are preassigned and on call if additional assistance is needed.

Often it is helpful to have one team member assigned to respond to the grief of faculty members. A worker may want to be available in the faculty lounge to visit with the teachers on their breaks or monitor classrooms to watch for faculty who may be having a difficult time.

When meeting with students individually or in small groups it is important to make note of students who are deemed "high risk" and to assure that someone either picks them up from school or makes arrangements to meet them at home right after school is dismissed. Once again parents should be made aware of suicide warnings signs and be told where to go for help if needed.

While social workers play a significant role on the crisis team, the most successful functioning of a team occurs when there is good communication and shared work among all disciplines involved. For the plan to adequately flow all team members need to be aware of and included in the development process within that district. An efficient, well trained multi-disciplinary team will help to insure that the response plan works effectively.

CONCLUSION

Crisis can create chaos unless it is confronted in a planned and systematic manner. This does not imply a cold approach but one that helps to bring reassurance and confidence to the system faced with the crisis. When the individuals in control know how to proceed, a measure of security is established for staff and students directly affected by the event. School social workers have the skills and knowledge to assist their school districts in developing crisis response plans that will result in responsible and sensitive action when difficult situations arise.

ABOUT THE AUTHORS

Lyn Grooters, ACSW, LSW, and Ellen Weber, ACSW, LSW, are school social workers with the Des Moines Public Schools. They have been working together since 1985 on projects related to suicide prevention. Together they have provided staff inservice, co-chaired a district wide committee on suicide staff prevention, done public speaking and written and produced a video tape that is currently being shown to all Des Moines school staff to provide training in suicide prevention.

DEALING WITH PARENTAL ANGER

M. Paul Alexander

This article discusses the role of the School Social Worker in helping parents deal with anger towards their children. Included are suggestions for anger education, parent counseling, parent skills training, and other ways of coping with parental anger. In particular, parents need to develop "anger skills" in order to model appropriate expression of anger for their children.

To be a parent is difficult. It is difficult because the demands are constant, and often unpredictable. Most parents are surprised at how unprepared they are for the task. One thing that makes the task of being a parent difficult is that it includes a lot of emotional investment. That is, parent want their child to succeed and are disappointed when they do not. As a consequence, parent often get angry with their children's misbehavior. When parents are angry, children become frightened or confused.

Experiencing parental anger is a source of stress that children are ill-prepared to handle. The anger of others is scary; but when the angry one is your own parent, the fear multiplies. Furthermore, parental anger may be accompanied by behavior which is unpredictable and apparently capricious. Thus confounds the problem for the child. An angry parent creates a crisis for a child.

When parents are angry, they have an opportunity to model proper coping behavior to their children. Children need to know how to handle anger that is expressed by others. They also need to learn how to handle their own anger when it arises. Both of these are taught when parents model an appropriate response to anger. By their words and behavior, parents show their own method of dealing with anger and express their expectations of their children's response to anger.

Unfortunately, many adults do not have good ways of understanding or expressing anger. Anger is frightening to adults because they feel out of control. They fear and anticipate unpleasant consequences that accompany out-of-control behavior. Because anger is a frightening feeling, people tend to avoid facing it until it erupts unexpectedly. Trying to develop some understanding of anger may help to make it less frightening.

Anger is a common and proper feeling for parents to have. When parental anger is not acknowledged as a normal response, parents may assume that it is uncommon and therefore wrong. They may follow an inclination to hide or repress their anger in fear that it may be harmful to their children. Many parents remain uninformed about appropriate ways to express anger through lack of education. When they are angry and rely solely on past experiences, parents may act in ways that are destructive to their children.

Unfortunately, there appear to be few resources available to help parents cope with anger effectively. Information for parents will address their questions about discipline and behavior management; and will also help parents deal with the feelings which their children have. But seldom are parents given direction about unpleasant feelings they may have toward their own children. The fact that parents get angry with their children is likely to be ignored.

Parents need direction in helping children understand and cope with anger. Opportunities for modeling and teaching onstructive anger occur regularly. Parents need to recognize and seize these opportunities to teach children positive strategies. Parents who deal with anger in ways that do not damage a child's self-esteem, allow their children the chance to learn.

Parents do get angry with their children. Stress from angry parents is a normal part of childhood. There is a need to help parents learn proper ways to express anger toward their children. By learning constructive uses for their anger, parents can help their children learn to cope with this difficult emotion and can help them become more efficient in understanding and reacting to the anger of others.

ANGER EDUCATION

Parents and children need to learn that anger is a common, normal and acceptable feeling. Parents often get angry with children because they care about them and want the best for them. In this respect, anger could be considered a sign of love. People do not get angry with those they do not care about.

Parents' needs and desires often conflict with the needs and wishes of their children. This can be another source of parental anger. Parents may get angry with behaviors that infringe upon their personal hopes and ambitions. In this sense, anger is a feeling arising out of the need for maintaining good interpersonal relations within the family. In this respect, anger could be considered a signal that something is amiss and needs to be resolved.

Anger serves a vital purpose within the family system. It is a way of alerting family members of problems which need attention. Therefore, it is important that anger is accepted, acknowledged and expressed within the family.

The school social worker is in a position to help facilitate the constructive use of anger in families. This may be done by sharing accurate information about parental anger and by helping parents express anger appropriately. School social workers can intervene to help families deal appropriately with anger in three ways: a) through individual parent counseling, b) in parent skills training, and c) by developing parent support groups.

PARENT COUNSELING

The circumstances surrounding referral to the school social worker are usually anxiety provoking for parents. The school has informed the parents about a problem regarding their child, and both the parents and the child may be feeling some stress. This is a prime time to discuss feelings about a child with parents. Parents are more likely to be ready for help and open to change.

Parents are usually well aware of the problem of their child, but feel helpless in managing the problem. Feeling of anger may be close to the surface. Anger may be felt toward the child, toward the school, toward the other parent and/or toward the person intervening. This anger may not be clearly understood. The task of the school social worker is to help them understand and express their anger.

The focus of counseling in the school is historically centered on ways to control the child's behavior. By shifting the attention of the counseling to the parents' feelings, the school social worker can help them understand their anger and learn how to express it clearly and properly. This focus may be more beneficial in addressing the problem at hand than a child centered approach. Family dynamics have great impact on behavior.

When an intervention is made that looks at the whole family, angry feelings can be seen in the context of the whole family's interactions. By approaching parental anger from this perspective, the parent may learn to express it as a healthy family process.

PARENT SKILLS TRAINING

Much more can be done in the area of parent education to teach parents to deal effectively with anger. One of the major difficulties with parental anger is lack of knowledge or understanding. Parents can learn that anger is not necessarily a destructive feeling, and that it is quite common and acceptable to be angry with children sometimes. By learning that, parent can make decisive changes in their children's level of stress.

School social workers have a role in teaching parents. They conduct parent classes, speak to parent groups and hold individual sessions with parents. This provides ample opportunity for participating in anger education.

Training in parent skills, whether in a class or with individuals, should include tactics for expressing and coping with anger. Discussion of the parents' anger and ways of dealing with it in respect to their children can be an important dimension. In other words, "anger skills" can be included as one of the skills which parents need to know.

PARENT SUPPORT GROUPS

Promoting parent support groups is another way in which the school social worker can have an impact on parental anger. Parents often feel alone in their parenting task and welcome opportunities to share with others who face similar circumstances. As parents meet together they receive ideas and encouragement from one another.

A school social worker can assist parents by referring them to existing support groups or by helping organize one. In so doing, the school social worker influences the content and format of such groups. This is an opportunity to encourage ideas and feelings relative to parental anger as an important part of the group goals. One healthy way for parents to handle their anger is talking about it in a secure setting. A parent support group is such a setting.

COPING WITH PARENTAL ANGER

The first step towards coping with parental anger is to recognize it and accept it. It is necessary for parents to know that anger is not rare, and need not be destructive. They need to be able to examine their anger without feeling guilty about it. It is helpful for them to understand that the energy which comes from anger is a powerful tool to identify and solve problems.

There is nothing wrong with anger. Anger is a signal that something is wrong, that something needs to done . People who are treated badly have the right to be angry. Parent and children are no exception. They have the right to do something to change the way they are treated! Acting on anger constructively can change a bad situation and reduce stressful, uncomfortable feelings.

Once parents acknowledge their anger toward their children, they need to learn how to express it appropriately. One means of expression is to talk about their anger toward their children. Talking to other parents, a friend, a counselor or the school social worker may be useful. Anyone who will listen without discounting the parents' feelings of anger can help.

Parents also need to express their anger directly to the children. When they do so, they need to be careful to express themselves directly and specifically. They need to be very clear about the reason for their anger. They must try to confine their comments to the issue at hand. It may be helpful to express their feelings with someone else first to dissipate the initial shock of anger, and to clarify the immediate reason for the anger. This practice can help parents express themselves to their children in a manner that makes it clear what the anger is about and what needs to be done about it.

Parents can release their anger in a private way by writing in a journal or in a letter. They can pour out their anger, hurt, shame, guilt and confusion into their writing. What parents write should remain private and should not be shared. The purpose of writing to release anger is to help direct thoughts toward the specific object of the anger. An advantage of letter writing is that the parent can later vent his or her anger by tearing the paper up in little pieces and then burning it. An advantage of the journal format is that the parent can look back at it from time to time to learn from past angers. If a journal is kept, care needs to be taken to preserve its privacy.

Sometimes anger is so strong that it needs to be released through vigorous physical activity before it can be dealt with appropriately. This helps reduce the level of the anger to a point where one can think and talk clearly about it. When choosing a physical activity care must be taken that it is not a destructive activity. When expressing anger two rules apply: don't hurt other people, and don't hurt yourself.

When coping with parental anger the parent may examine the specific expectations which accompany the anger. They may do so by asking themselves questions about the source of their anger. It is important that the child do things my way? Does the child clearly understand what I want and need? Do I really hear what the child is saying to me? What specifically is bothering me about the child's behavior? These questions help to put the parent's anger in perspective.

Some other suggestions for coping with parental anger include:

1. Count to ten. This time-honored method of dealing with anger helps to dissipate the initial shock. Go outside or to another room for a few minutes.

2. Go into another room, close the door and cry or scream. Then take ten minutes to read or knit or do whatever relaxes you best.

3. Lie on the floor with your feet up on a chair; place a cool washcloth on your face, and think of the most peaceful scene you can imagine. Stay there for five minutes.

4. Tell your child exactly what is making you feel angry. Be really specific about what behavior needs to be changed in order to reduce your anger level.

5. After you have put the child down for a nap, forget what you "should" be doing. Take some time for yourself to relax, sleep, read, listen to music, take a bath- whatever makes you feel fresh again.

6. Designate a corner, chair, or some quiet spot as a "time-out" place where you can go when you feel like loosing your temper. Designate a separate one for your child. It gives both of your a few minutes to calm down, and it tells the other person that you are getting angry.

7. Save a special, quiet plaything to be used only at certain times. It will be a treat for your child and will provide some quiet time for you.

A number of ways have been noted through which parents can express anger constructively and show their children appropriate ways of expressing anger. The school social worker can have an active part in helping parents deal with their anger toward their children.

ABOUT THE AUTHOR

M. Paul Alexander, ACSW, LSW, is a School Social Worker for the Lower Kuskokwim School District in Bethel, Alaska. He is a past president of ISSWA and formerly worked at Area Education Agency 6 in Marshalltown, Iowa

RENEWAL OF OURSELVES

Philip Plechowski

This is the text, taken in part, from the opening address of the Iowa School Social Workers' Association Fall Conference, "A Renewal of Skills: Group Work Practice in Iowa Schools," given at the Amana Holiday Inn at Williamsburg, on October 27, 1988.

In every counseling group there are factors which operate that are healing and therapeutic. In our own lives, these same factors operate to make us successful in our relationships with our friends, families, colleagues, and the students we work with each day. If we expect students to incorporate these powerful healing factors in their everyday lives, we must be willing and able to model these factors in our lives. Imagine in your minds for a moment a person who was raised in an alcoholic family where the children were unsure what trauma they were going to experience each day. Was their father going to beat them, would their parents fight again today, and would they be evicted from their run down apartment because their father had used rent money to buy another bottle of alcohol and gambled the rest away? Imagine this youngster growing into adulthood and never having dealt with his or her feelings concerning the abuse and neglect he or she experienced. Then try to imagine this person becoming a model for vulnerable young people who have low self-worth, are unsure of themselves, and view the world as a threatening place in which to live. Imagine a victim trying to help another victim without first having helped himself or herself.

In some ways we are all victims because we live in an imperfect world. Each of us if pressed can recall some unfairness which has been dealt to us. However, most of us have been able to bounce back from life's hardships. We have not allowed ourselves to accept the role of victim. We, perhaps, began life with self-doubt but have turned that doubt into insight and wisdom. We may have been fearful as children, but have, as adults, turned fear into courage and accepted life's hardships as a challenge to be conquered. We may have experienced self-pity for the wrong done to us but have turned that pity into empathy and caring which has become the driving force in our personal and professional lives. We have, through our own courage and the love and caring of others, become resilient to the injustices which others have placed as a test of our character and inner strength.

As we look to the next day and a half, we will focus on the renewal of our group counseling skills. However, as so many of us have learned, the quality of our skills is contingent upon the quality of our character. Before we can become exemplary group leaders, we must challenge our own beliefs about the nature of human beings:

- Do we believe that change is possible and that one is not a victim of the past? If so, are we convinced that a sense of hopefulness is an essential component of a healthy and well-rounded character?

- Are we willing to risk ourselves by opening up to others, even though it may mean being vulnerable? Willingness to reveal oneself is largely a function of how much we trust others. As we learn to trust, our self-image begins to change, and others begin to see us in new ways.

- Are we willing to drop the masks that hide our feelings? Are we willing to accept our own feelings and the feelings of others? As we begin to reveal our feelings, we begin to show caring and acceptance which develop into empathy. And as we begin to possess a deeper understanding of other people's struggles, we realize that certain problems are universal-loneliness, the need for acceptance, fear of rejection, fear of intimacy, and hurt over past experiences. Do we affirm each person's right to express his or her feelings and beliefs?

- Do we believe that we have the internal resources necessary to direct the course of our life? Our own creativity, spontaneity, courage, and strength, give us the personal power to accept life's challenges. For a moment, think of a handicapped person you know who has tapped their internal resources and has refused to become a victim to life's unfairness.

- Do we put words to our intense emotions and attempt to understand them? Or are we like behaviorally disordered youngsters who hide or deny the feelings they have and instead act out against themselves and others? We must go beyond simply experiencing feelings and need to also develop a cognitive framework which will put our experiences into perspective.

- Do we believe that change will occur? We must believe that change is good, if it modifies behaviors we no longer desire and find unacceptable in ourselves. We must be willing to experiment with new behaviors and, though experimentation, gauge hoe much we want to change ourselves.

- Do we laugh at the challenges life tosses to us? A sense of humor can help us see our problems in a new perspective.

- Do we confront ourselves and allow others to give us feedback on our behaviors? We must be willing to examine value conflicts between what we say and do. And when our feet don't match our mouth, are we willing to allow others to comment on our behavior and accept their comments non-defensively?

- Lastly, do we have harmony between our mind, body, and spirit? Have we developed a conceptual framework which allows internal cohesiveness and a sense of self-worth and value?

As we look to renew our group counseling skills we must be prepared to renew our own self. Those unresolved losses and conflicts which each of us carry must be revealed to ourselves so that we may confront and resolve them. The more we believe and accept ourselves as caring, empathetic persons; the more we will be able to show tenderness, compassion, and support for others. The more we are willing to take risks and trust; the more others will be willing to look at themselves and find the freedom to experiment and commit themselves to change. The more confident we are about ourselves; the more likely we will allow others to develop a sense of power and self worth. The more we self-disclose and confront our inadequacies; the more others will examine their inadequacies and discover their dormant potentials. The more we laugh at our problems; the more others will gain a new perspective on theirs.

Successful groups are those that have therapeutic value. We are all aware of the factors in group development which contribute to the healing factors in group counseling. A sense of hope, willingness to trust, caring, and acceptance, power, commitment to change, freedom to experiment, humor, gentle confrontation, cohesion, self disclosure, and feedback are the essential curative factors in groups. Likewise, these are the healing factors for individuals. If we are to model ways for students to cope with life's imperfections, we must make sure we have developed our own resilient attitudes and behaviors. We must make sure that we are not just one victim trying to help another victim.

If we are to be good models for students, we must be personable, sensitive to the feelings and needs of others, verbally fluent, reflective, resourceful, imaginative, emotionally expressive yet in control, optimistic and humorous. We must ask ourselves if we believe in our own self-worth and, therefore, have something meaningful to offer others. The more resilient our character is the more effective group leaders we will become.

ABOUT THE AUTHOR

Philip A. Piechowski, M.S.W., is Supervisor, School Social Work Services, Mississippi Bend Area Education Agency, Bettendorf, Iowa. He has been the Director of Project Group Work. In 1988, he was named School Social Worker of the Year by the Iowa School Social Workers' Association.

BOOK AND FILM REVIEWS

CHRONIC ACTING-OUT STUDENTS AND CHILD ABUSE: A HANDBOOK FOR INTERVENTION
by David N. Sandberg
Lexington Books
D.C Heath and Company/Lexington, Massachusetts/Toronto
1987

This handbook was published by Lexington Books in 1987. Author David N. Sandberg directs the Program on Law and Child Maltreatment of the Boston University School of Law and received a grant from the National Center on Child Abuse and Neglect (Washington, D.C.) to develop this handbook. Sandberg was assisted by experts in the fields of special education, juvenile justice, psychiatry and more including Judianne Densen-Gerber, Jim Garbarino, and Murray Straus.

The handbook seeks to link two areas--child maltreatment and chronic acting-out behaviors--that are not yet linked in the eyes of the public and educators. The author uses testimonials of professionals working in the field, case vignettes, and research findings to convince educators that chronically misbehaving children are frequently maltreated by parents and other caretakers (teachers, probation officers) and that the school setting is the best place to intervene.

The handbook is specifically directed to educators (special and regular) and support service personnel. Chapters cover the origins of chronic acting-out behavior, the relationship between child abuse and delinquency, the relationship between school failure and delinquency, and relevant family factors. Legal and educational barriers to intervening early and effectively with this group of children are discussed. The second half of the book addresses "Improving Interventions" with this population. The author believes that all students who distinguish themselves in the schools due to academic failure, developmental delay, or behavior problems should be assessed for acting out behaviors, family history, maltreatment history, and prior interventions. A detailed profile of a recommended comprehensive evaluation is included. The purpose of the detailed child study is to examine the prior system interventions, develop a remedial prescription, and review whether the school system has responded appropriately to the child's needs or is itself guilty of child maltreatment that needs to be remedied.

Dr. Gerber suggests that these children need an "advocate" within the system, which could be a parent, volunteer, agency or school employee. The author, in the course of preparing to write this handbook, "discovered" school social workers and found information provided by Isadore Hare of NASW to be very relevant to the provision of services to CAC's in the schools.

276

This book is highly recommended reading for anyone working in the field of education, juvenile justice, or child mental health and development. It takes a "systems approach" to the problem that will seem second nature to social workers but less obvious to educators. It provides concrete solutions to the problems it describes, some of which would require fairly dramatic changes in the ways we serve children in the schools. The book is especially valuable at the time when schools are looking for ways to serve children "at risk" and the handbook would make an excellent self study curriculum for districts striving to direct new or improved services toward this population. The recommendations may be in conflict with trends in special education away from a comprehensive, individual child study and toward informal intervention prior to uncovering detailed information on the child's individual history and situation. While this book could be criticized for its disjointed style, diversity of perspectives, and extremely broad views, the author and his colleagues have undertaken a monumental task and succeeded with providing us with a blueprint for serving children who, if neglected, tend to populate our correctional facilities, mental health institutes, and substance abuse units as adults

Kate McElligatt, LSW
Book and Film Review Editor

OTTO LEARNS ABOUT HIS MEDICINE: A STORY ABOUT MEDICATION FOR HYPERACTIVE CHILDREN
by Matthew Galvin, M.D.
Magination Press
A Division of Brunner/Mazel,Inc./New York
1988

This book is subtitled "A Story about Medication for Hyperactive Children" and explains hyperactivity and stimulant medication to children, their families and classmates. The publisher is Brunner/Mazel and the copyright is 1988. Other books for children in the Magination Press series address psychotherapy for children, fears, and enuresis.

Otto is a young car who goes to school but has difficulty controlling his attention span and activity level. Otto finds it hard to listen, complete his work, and follow school rules. His teacher and his parents meet and it is decided that Otto will go see a "special mechanic" who diagnoses engine trouble and prescribes car medicine.

This book explains hyperactivity to children in language they can understand. It explains the reason for medication, how it works, and possible side effects. The mechanic tells Otto, "All this medicine can do is let you be a better listener and choose to pay attention and choose to stay still."

This book is highly recommended as a way to introduce children to the concept of hyperactivity and make them more aware of problem behaviors they need to work on. Well-informed children will be better participants in the plan to remediate problem behavior. The book will also alleviate misconceptions and fears children may have about taking medication and offer an opportunity for children to ask questions or share their feelings about having to take medication. The illustrations, by special education teacher Sandra Ferraro, are delightful and help to hold the child's interest.

Kate McElligatt, LSW
Book and Film Review Editor

"LETTER FROM BRIAN"
1/2" VHS Video
American Red Cross
1987

This 29 minute video was produced by the American Red Cross and presents a frank treatment of the AIDS problem aimed at high school aged youth. A high school girl has had a summer romance with a college student. Many months later, when she is back at school and dating a high school student, she receives a letter from her summer boyfriend. He is hospitalized and has been diagnosed with AIDS. The film alternates between the story line and factual information on AIDS delivered by narrator Michael Warren ("Hill Street Blues"), C. Everett Koop, and an AIDS patient. How AIDS is and is not contacted is discussed. Ways to prevent the transmission of AIDS including a discussion of condom use is presented. Brian, the college student, was exposed to AIDS during a brief period of IV drug use in his teens. Viewers are reminded that a person can be carrying the AIDS virus but appear completely healthy. The film includes vignettes illustrating typical male and female attitudes about sex and several teens share their opinions about becoming sexually involved. The film concluded on a discussion about how to make the decision to become sexually involved, love and responsibility, and "safer sex".

The film, although produced in 1987, is in black and white. The male and female leads are extremely physically attractive. All student roles are played by whites. These factors may make the film less relevant for some students. The Red Cross' position is that students should "just say no" but because many young people won't, positive values about sexuality need to be taught at home and school. This film is recommended for its informative and interesting treatment of the subject.

Kate McElligatt, LSW
Book and Film Review Editor

"THE DIARY" AND "THE NECKLACE"
1/2" VHS Videos
Team Entertainment
1987

These videos are two of a three part series entitled "Come in from the Storm" produced by Team Entertainment. The videos are designed to be used as a 3-part, 3-day classroom program to teach children about child abuse and self protection strategies. The 3 videos cover sexual abuse, physical abuse and emotional abuse and are geared toward the upper elementary to early high school grade levels. A teacher's guide is included in each video and includes a synopsis, objectives, discussion questions and group activities. It is suggested that teachers receive pre-service training from a child abuse specialist and that the videos be shown to the parents as well as the children.

"The Diary" is Part II of the series and features child star Emmanuel Lewis as an outer spaceman who finds a boy's diary which recounts physical abuse of the boy by his father. The boy feels disloyal because he has "told" on his father. The "chain of child abuse" from parents to children is discussed and it turns out that the spaceman is the boy's son from his future and the boy grows up to be a child abuser as well. This film is slow moving and not especially well acted. The projection from the present to the future will be confusing to many children without careful prior explanation.

"The Necklace" is Part III of the series and deals with the issue of sexual abuse of a girl by her father. It contrasts normal fatherly love with abusive exploitation. The abusive relationship is enacted and the film does a good job of showing how the abusive parent manipulates the child and how the child feels in reaction to the abuse. The fear of telling is discussed and the message is sent that the child must be strong enough to tell someone herself. The video does a good job of showing how friends can help each other but leaves the misleading impression that adults or children who become aware of sexual abuse should not report the perpetrator themselves to the proper authorities.

This series has some value as a "packaged" way for teachers to teach the subject matter in their classroom. The teachers' guides are a valuable source of background information and activities. Educators may want to substitute a more suitable film on physical abuse if available.

Kate McElligatt,LSW
Book and Film Review Editor

-NOTES-

MANUSCRIPTS WELCOME:

Send a typed original and three (3) copies. Please attach an abstract of not more than one hundred (100) words and a vita of not more than fifty (50) words. The author will retain a copy in case of loss through the mail. The manuscipts will be reviewed anonymously by the editors and the members of the Editorial Board. Authors will receive notification of acceptance. Unless a manuscript is accompanied by a stamped, self-addressed envelope, it cannot be returned to the author. Please adhere to the A.P.A. (American Psychological Association) style. Footnotes, where necessary,should be set at the end of the next. Articles and essays may take the form of research articles, case studies, descriptions of projects, practice techniques, interviews, etc. Articles should not exceed twelve (12) double spaced typewritten pages. Notes, double spaced, typewritten, may be considered. These notes might include practice aids, mini-biblographies, resource lists, presentations, and letters to the editor. Manuscripts and notes should be addresses to: Ronda Parks Armstrong, Heartland Area Education Agency, 6500 Corporate Drive, Johnston, Iowa 50131.

BOOK AND FILM REVIEWS:

Reviews of books or film reviews are encouraged as long as it relates to issues significant to social work. Reviews being submitted for publication should be double spaced typewritten. They may be brief in nature or feature more detailed information. Inquiries may be made to: Kate McElligatt, AEA 7, 3706 Cedar Hgts. Dr., Cedar Falls, Iowa 50613.